MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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EPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is necessary, please	lor. Poge	r files.	Heolth,	1s designated gent, prior to burial, cremation, or removal, and in any event within 72 hours after death
s necess	of direct	d for	Bed	-
delay i	e funer	refaine	e State	deoth,
If ony	3 to th	moy be	with th	urs after
r death.	2, and	Page 5	and 2	n 72 ho
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in 24 ho	Give	ith form	f. File	any eve
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	٠.	SOUT I			111 4614	J GERTI	110/			Reg.	Dist. No	٥.	
	COUNTY Ca	rroll			MARYLAND	g. STATE		Where deceo	sed lived. If institu b. COUNT	· /	to.C		nission)
b.	Sykesvil	f outside corporate fimits, write le (Rural)	e RURAL	Syrs.7m		1		f outside cor	porote limits, write				own)
d		eld State			address)	d. STREET	ADDRESS 725	S. Box	nd Street	;	37	ON	RESIDENCE I A FARM? NO
C	IAME OF DECEASED Type or print)	Mary.		Mid lkowski		erson	st	4. DATE OF DEATH	Decembe	h	Day 22.		Year 19 58
5. SI	Female	6. COLOR OR RACE White	7. MARRIE	*****	ARRIED	B. DATE OF BIRT		1893	P. AGE (In years last birthday) 65 yrs.	IF UNDE Months	R TYEAR Days	Hours	Min.
Pa Pa	USUAL OCCUPATE uring most of working cking Hou	ON (Give kind of working life, even if retired) LSE Employee	done 10b. K	Unknown			lace (Stote		country)		TIZEN O		COUNTRY
13.	Louis K	Stanislau rager	s Kryg	gier		14. MOTHER'S		Polask	sephine I	Pilac	hows	ki	
15. Yes,	WAS DECEASED EV	ER IN U. S. ARMED FO Iff yes, give war or dates of		SOCIAL SECURIT	1 12	athering	e Scar	rdino	406 S. Wolldon	lfe S	tree	t	
		TH [Enter only one country was caused by: IMMEDIATE CAUSE (o) DUE TO	Acu		ardial	infarct			erforatio		INTE	ET AND DE	EATH
	Conditions, if a gave rise to imme (a), stating the couse lost,	ny, which (b)	Gen	eralized			osis.				Ye:	ars	
CATION	Schizoph	HER SIGNIFICANT CON Penic react	DITIONS CO	paranoic	death But	NOT RELATED TO	O THE TERM	IINAL DISEAS	E CONDITION GIV	VEN IN PA	RT I(o) 1	P. WAS NEREC	AUTOPSY ORMED?
- 1	200. EXTERNAL CAT PRIMARY D or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY O	OCCURRED. (Enter nature of i	injury in Po	rt I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Ye-	While	NJURY OCCURRI	fac	CE OF INJURY lory, street, office	(Home, for te bldg., etc	n, 20f. (Cit)	y or town)	(Co	ounty)		(State)
	ACTUAL SIGNATURE	resulted from:	1	causes K.		M.D. CHIEF	de [], MEDICAL E	Homicide XAMINER TAL EXAMINER EXAMINER	Undete	Inquermined Dec	manne	DATE:	signed
-	BURIAL CREMATIC REMOVAL (Specify) BUTIEL FUNERAL DIRECTOR	12/26/58		22c. NAME OF C St. Star ADDRESS		crematory s demete		1300	Tion (city, town, Dundalk	Ave,	Balt		
zu. 1	II	GIIII.		1 0		_		D BY REGIST	1	STRAK'S S	IGNATU	100	1.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

	355	CERTII	FICAT	TE OF D	EATH	1		Reg. C	Dist. No	135	39
1. PLACE OF DEATH o. COUNTY Cerroll		MARYE		. USUAL RESIDE		nere deceosed	lived. If institut b. COUNTY	ion: Reside	ence befo		
b. CITY OR TOWN (If outside corporole	limits, write	c. LENGTH OF STAY I	N 1b			utside corpo	rate limits, write l				
RURAL and give nearest town) Sykesville		5vrs.10mos	.180.	Balt	more			935	1-5	2	
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION	al, give street			d. STREET A				and an old and	1	e. IS RES	IDENCE
Springfield State				7908	H1.11e	endale	Road F	Balto		YES	FARM?
3. NAME OF	First	Middle		Los		4. DATE	Мо		De	10	Year
(Type or print) Blanche		Vernon	Arc	her		OF DEATH	Dece	mber	_	•	1958
		RIED NEVER MARRIE		DATE OF BIRTI	1		9. AGE (In years			IF UNDE	
				6/20/19	2		lost birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of we	ork done 10b.	KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPL	ACE (Stote	ar foreign co	ountry)		ITIZEN O	DE WHAT	COUNTRY
during most af warking life, even if ret	ired)								U.S.		
13. FATHER'S NAME		04			MAIDEN N	IAME			U.D.	H. e	
James Rich	hard I	Archer		14. MOTHER'S	ry E	liz.	Hobbs				
1S. WAS DECEASED EVER IN U. S. ARMED	FORCES? 14	SOCIAL SECURITY NO	17. INF	PMANT			Add	dress			
(Yes, no. or unknown) (If yes, give war or dales	of service)	SOCIAL SECONITY IVO.			1.2 11						
18. CAUSE OF DEATH [Enter only one		•	Spi	ingile	La Hos	spital	Records	3			
PART I. DEATH WAS CAUSED B	Y: &r.	teriosclero	tic c	ardiov	ascula	ar hea	rt disea	se	ON	ERVAL BE SET AND YOUR	DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.	(b)										
									RT 1(0)	PERFO	AUTOPSY RMED?
OR CONTRIBUTING CAUSE OF DEA	20h DES	CRIBE HOW INJURY OC	CURRED.	Enter noture of	f injury in P	Port I or Port	II of item 18.)				
7) 20c. TIME OF INJURY Month, Day, Haur o. m. p. m.	Year 20d. II While of wor	_ Not while_	20e. PLACI factor	OF INJURY (I y, street, office	lome, farm, bldg., etc.	, 20f. (City	or tawn)		(County)		(Stole)
21. I certify that I ottended t	he deceas	ed fram 10/2	Q	19 54	to L	2/1/58	19	thot I	last s	aw the	decease
alive on 12/1 ACTUAL SIGNATURE Educat	Lu	58, and that	death a		-	ADDRESS (St		and on	the do	ite state	
			J.VI.	· F			21222211112				
PHYSICIAN'S NAME (Type) Edmund Lus	thaus.	M.D.		Svk	esvil	le. Ma	aryland				
220. BURIAL, CREMATION, 226. DATE THE	REOF	22c. NAME OF CEMET	TERY OR C				ION (City, town,	ar county		(Stote	e)
Burial 12/4/	58	Loudon					alto.	,		(3.31	
23. SUNERAL DIRECTOR'S SIGNATURE	eld	SOOE	227	Ast	24a. REC'E	5 '58	RAR 24b. REG	ISTRAR'S S		RE	
Per y Cark											

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O MOSPITAL OR ATTENDING PHYSICIAN: The Tow requires that the death certificate be executed within 24 haurs ofter deoth: Page 4	may be retained by the hospital or attending physician.	TO FUNERAL DIRECT : After this certificate has been signed by the attending physician and completely filled in by the Frol director,	90	the registror priar to burial, cremation, or removal, and in any event within 72 hours after death.
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1. PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

5. SEX

(Type or print)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13540 **CERTIFICATE OF DEATH** 13553 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Carroll Raltimore Maryland b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Rural Sykesville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE 2002 Swansea Road Springfield State Hospital YES NO TO 4. DATE Middle Last Month Day Year 1958 DEATH Antoinette December Marv Beck 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED KT B. DATE OF BIRTH Months Days Hours DIVORCED | WIDOWED | White February 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 14. MOTHER'S MAIDEN NAME John Beck Unknown 17. INFORMANT Address Springfield State Hospital Record INTERVAL BETWEEN ONSET AND DEATH days Bronchopneumonis DUE TO Rheumatic heart disease vears DUE TO PERFORMED? YES NO with senile brain disease, with psychotic reaction 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stole) foctory, street, office bldg., etc.) While Not while at work of work

Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Unknown 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. 119 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Chronic brain syndrome associated with disturbance of growth, metab-200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Hour o. m. p. m. 21. I certify that I attended the deceased fram July 1. , 19 57, ta December 10, 19 58, that I last saw the deceased , and that death accurred at 7:25 A.M. fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL Springfield State Hospita PHYSICIAN'S NAME (Type) Rita S. Glahn. M. Sykesvill To. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toth of county) (State) REMOVAL (Specify) 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE anthur & House

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MADVIAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

	MARITAND STATE DELARIMENT OF HEALTH—DALIMORE, IN	,
1355	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.

	D. COUNTY	nepoll	MARYLAND	o. STATE NPUBN	b. COUNTY	dence before admission)
	b CITY OR TOWN (I) and give referest town	If autide corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	. 120 /	nd give nearest town)
		TAL OR INSTITUTION (If not in ha	aspitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	AMES First	Middle	Lost 4. DATE OF DEATH		Day Year / 3 1958
	MALE	6. COLOR OR RACE 7. MARR	75	1-18-1932	9. AGE (In years lest birthday) Royrs. IF UNDE	R 1YEAR IF UNDER 24 HRS. Doys Hours Min.
	during most of working	ON (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or foreign	country) 12. CI	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME,	mes Otis	Bell	14. MOTHER'S MAIDEN NAME MI'I dred	Freder	cks
	15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? (If yes, give war ar dates et service)		PRYARET E. To	Rell- Sy	ame
	PART I. DEA 8/6 Conditions, if c gave rise to imme (a), staling the	idiate cause	1 1 - 7	- SKULL -	Crushing	INTERVAL BETWEEN DNSET AND DEATH """
	PART II, OTI) (c)	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		BE HOW INJURY OCCURRED. (En	ter noture of injury in Part I or Port With M.V.	II of item 18.)	
0	20c. TIME OF INJU	17/13 COWH	IN THE MILIE AND	E OF INJURY (Home, form, y, street, office bldg., etc.)	edglirle	correce ms
		hot I took charge of the resulted from: Notural	couses , Accident			manner
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	AMES TI	MARSH	M.D. CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	VER [12/13/58
	BUT IAL	12-16-38	22c. NAME OF CEMETERY OF C	Ls De	ATION (City, town, or county)	6. Md.
	Charle	S E. Hickett	Frederick-	Mare DEC 2 2	STRAR 24b. REGISTRAN'S S	IGNATUAE

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
MAKYLAND	STATE	DEPARIMENT	OF	HEALTH-	-BALTIMORE,	18

CERTIFICATE OF DEATH 12547

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1. PLACE OF DEATH o. COUNTY	arrolle		MARYLAN	- 11	USUAL RESIDENCE (W		d lived. If institut b. COUNTY	ion: Residence Balt	imore	Imission)
	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If	outside corp				
RURAL and give ne	minster		6 weeks		Reist	erst	own	0	3x -	2
d. NAME OF HOSPIT OR INSTITUTION Jordan	AL (If not in hospital, g				d. STREET ADDRESS	Mein	Street		0	RESIDENCE ON A FARM?
				_11						
3. NAME OF DECEASED (Type or print)	Herbe	rt	Mewton		erryman	4. DATE OF DEATH	Decemb	er	14	1958
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DE	-	ATE OF BIRTH	90	9. AGE (In years last birthdoy) 68 yrs	Manths Manths	-	JNDER 24 HR5.
100. USUAL OCCUPATION	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	ar foreign	country)	12. CIT	ZEN OF W	HAT COUNTRY
Funeral	ting life, even if refired L directo	r	Self emplo	ved	Maryla	nd		IT	SA	
13. FATHER'S NAME	4			V	MOTHER'S MAIDEN					
Wt	Lliam Ber	ruma	n	9	Busan Eli	zahat	h Mann	. 1 7		
1S. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. 13	7. INFO	MANT			dress	own 1	VIA
PART I. DEA 4447 X Canditions, if a gove rise to it cause (a), stating lying cause last. PART II. OTH 490 X OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under: LER SIGNIFICANT CON	DITIONS 9	terrasclera CRIBE HOW INJURY OCCU	RRED. (E		Part I ar Pa	rt II af item 18.)		ONSET 3	AND DEATH
20c. TIME OF INJUR Hour o. m. p. m.	19	While at war	Not while	factory,	street, affice bldg., etc	c.)			,	(Sioie)
21. I certify the alive on Dec Actual SIGNATURE PHYSICIAN'S NAME (Type) C 220. BURIAL, CREMATIO)95 McW	/	<u>)</u> m.d.	1957, to Ne curred of 9:00 Lesstes	M, fro	Street, city ar lawn	and an the	l Des	DATE SIGNE
REMOVAL (Specify)	Dec 17	1958	A				TION (City, town,	,,		(State)
23. FUNERAL DIRECTOR		777	ADDRESS)	ge '	cemetery		kervill		M	Q.
DIANELIOR	BONNE	me	O'L H	01 1	1 red	D BY REGIS		ISTRAR'S SIC	MATURE	

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🛂 🔂 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please	oge		10 FUNERAL DIACTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State BC. of Health	1
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t	ems 18&21	. I J. J. III 6.97	C-C)-	L EXAMINER				Reg. Dist	135	43
1.	PLACE OF DEATH				2. USUAL RESIDE	NCE (Where deced	used lived. If institu	tion: Residence	e before odmissi	ion)
	o. COUNTY	arroll		MARYLAN	o. STATE Ma	rvland	b. COUNT	Carro	011	
	o, CITY OR TOWN (If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 11	c. CITY OR TO	WN (If outside co	rporote limits, write			1)
	Westmins			3 months	Westmi	neten	27			
			f not in hosp	pital, give street address)	d. STREET ADD		1		e. IS RESI	IDENCI
	201 Sull	ivan Ave.			201 S	ullivan	Ave.		YES T	
3.	NAME OF	Fire		Middle	Lost	4. DATE	Month		Day Yee	or .
	DECEASED (Type or print)	Lawrenc	_	Max	Datton In	OF DEATH	Dogomb			
5. :	SEX	The state of the s	-	D NEVER MARRIED KI	Beyer, Jr		9. AGE (In years		EAR IF UNDER	
	male	white	WIDOWED	DIVORCED [Cont 11	1058	last birthday)	Months Do	ys Hours A	Min.
30c					Sept. 11,		, , , , , , , , , , , , , , , , , , , ,	12 CITIZE	N OF WHAT CO	OUNTR
)	during most of worki	ng life, even if retired) none	1.0	IND OF BUSINESS OR INDU	9.0			1000		JOHIK
13	FATHER'S NAME	попе			14. MOTHER'S MA	ver, Per	ina.	JU	. S. A.	
	_		_		The E 1975					
15	Lawrence	Max Bey	And the last of th	r. SOCIAL SECURITY NO. 17.	Prince	ss Dolly	-			
	ne, or unknown)	(If yes, give war or dates of					Address			
-	-	•••			Lawrence M	ax Beyer	r, SrWe	stmins		
		ATH [Enter only one cau				2 22 13	77		INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEA	TH WAS CAUSED BY:	IN.	lo Anatomica	I Cause of	Death	Found			
	795	. 5 DUE TO								
	Conditions, if	ony, which) (b)								
	gave rise to imme (a), stating the	diate cause								
	couse last.	(c).								
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE	E TERMINAL DISEA	SE CONDITION GIV	EN IN PART I	PERFORM	TOPSY MED?
	200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.	USE WAS DITRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury	r in Part I or Part I	l of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Yea	While		LACE OF INJURY (Homoctory, street, office blo	ne, form, 20f. (Cit dg., etc.)	ly or town)	(Count	γ) ((Slote)
	21. I certify t	hot I took chorge	of the r	emoins described of	ove, held on A	utopsy 🟋, I	Inspection .	Inquiry	, ond	in my
	opinion death	resulted from:	Styrol	auses [], Accident	, Suicide	, Homicide	Undeter	rmined mo		
	ACTUAL	Jan	1 1	men_	- M.D. CHIEF MEDI	ICAL EXAMINER]		DATE SIG	NED
			1.			MEDICAL EXAMIN	ER 📆	12.	-211-58	
	EXAMINER'S NAME (Type)	Paul F. Gue	rin. I	M.D.	DEPUTY ME	DICAL EXAMINER			, ,-	
220	BURIAL, CREMATIC REMOVAL (Specify	ON 1226 DATE THEREO	F	22c. NAME OF CEMETERY	· - 1.	22d. LOCA	LTION (City, Ipwn, o	or county)	Uk , (Stole)	
23.	Burial FUNEBAL DIRECTOR	Dec 27	,1958	ADDRESS	moreal Cen	o. RECUD BY ARGIS	TRAR 245 REGIS	TRAK'S SIGN	ATURE	
	8.5.7	myers, Jr.	1 W.	extruste	md		58 Cin	ing 8. 90	raud	
444	9VVVVV	VXVV								

BYAGO TO TLACETTADO ENGREMANO JADICOM WELLEN . If the second Libertain Di The state of the same A DOLLAR OF THE SECRET OF THE PARTY OF THE P

MAKILAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13555 CERTIFICATE OF DEATH

uneral dir Md be filed

* HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

may be retained by the hospitol or attending physicion.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by page 3 shauld received for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

		79996	CERTII	CAIL	OI DEAT		Re	g. Dist. No.	
1. PLACE OF I o. COUNTY	CARBOLL		MARYL	0 9	JAL RESIDENCE (W	here deceased live	d. If institution: I b. COUNTY	Residence before	odmission)
b. CITY OR RURAL or	TOWN (If outside corporal agive nearest town)	te limits, write	c. LENGTH OF STAY II	N 1b c. (CITY OR TOWN (IF	outside carporate	limits, write RURA	L and give neare	st lown)
d. NAME CO	OF HOSPITAL (If not in hosp	oitol, give street oc		Jd.	STREET ADDRESS	////	FA		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pri	int) JES.	SIE SIE	Middle	810	& HAM	4. DATE OF DEATH	Month DEC	Day 21	Year 1958
5. SEX	6. COLOR OR I	RACE 7. MARRIE	D NEVER MARRIED	_	OF BIRTH 26-188	73 9. 4		Onths Days	Hours Min.
100. USUAL O	CCUPATION (Give kind of ost of working life, even if r	work done 10b. K	IND OF BUSINESS OR	INDUSTRY 11	BIRTHPLACE (Stote	or foreign country	7)	12. CITIZEN OF	WHAT COUNTRY
3. FATHER'S N	NAME			14. A	OTHER'S MAIDEN	NAME			
W	14/1AM	BARI	YES		ANNIE	MI	TTEN		
15. WAS DECE	ASED EVER IN U. S. ARMEI	D FORCES? 16. SO	OCIAL SECURITY NO.	17. INFORM	ANT		Address	/	RURHL
N	0	N	ONE	VYRS H	8THUR	DUVAL	-L WI	ESTINI	INSTE
	E OF DEATH [Enter only		for (o), (b), and (c).]		0 1				AND DEATH
PA	RT I. DEATH WAS CAUSED		Marce	ord.	ial a	eous	MAD	un	1115
42	0.0 p	UE TO	1 1			0 100	_	1-1	. ()
Condition	ons, if ony, which	7 1/10	Topla a	se	Work	tick	rear	Nt	11/000
	se to immediate Di	UE TO	- Contract	7		- 8	isea	De	A CALL
lying co		(c)							
ZOLL ZOO. ACCI OR CONTI (IF EITHER	NT II. OTHER SIGNIFICANT		NTRIBUTING TO DEA	TH BUT NOT RE	LATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN		WAS AUTOPSY PERFORMED? 'ES NO (2)
200. ACCI OR CONT (IF EITHER	DENT WAS UNDERLYING RIBUTING CAUSE OF DI , NOTIFY MEDICAL EXAMI	EATH	IBE HOW INJURY OC	CURRED. (Enter	noture of injury in	Port I or Part II of	item 18.)		
	OF INJURY Month, Doy r o. m. p. m.	, Year 20d. INJ While of work	Not while	PLACE OF foctory, str.	INJURY (Home, fare eet, affice bldg., et	m, 20f. (City or to	own)	(County)	(State)
21. I ce	rtify that I attended	the deceased	from Dan	12,	19 0 to	be O	F. 185 %	of I lost saw	the deceose
olive or	12-6-	195	8 , and that	deoth occor	red of 5,136	PM, from the	e causes ond	on the dote	stated obov
	0		00.	^		ADDRESS (Street,	city or town, state	1.	DATE SIGNI
SIGNATUR	er tee	sell	MUDEL	10	1514	Smh	0 813	ve.	12 off
PHYSICIAI NAME (Ty	E Ree	ige)	MILK	ENG	5 0	ves	trus	nster	-m
220. BURIAL, C	REMATION, 22b. DATE THE (Specify)	HEREOF 3/58	BETH	ERY OR CREMA	ATORY	CARK	(City, town, or co	CO	(Stote)
3. FUNERAL D	IRECTOR'S SIGNATURE	0	ADDRESS	1 . /	24a. REC	D BY REGISTRAR		R'S SIGNATURE	AN E
W/Y	Harsille	(DANA)	12115/10.	reado	W DATE FO	2 4 158	~ +1	8 Kraus	

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VS A15 (4) 15M 10/57

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OF HEALTH—BALTIMORE,	H
•	OF HEALTH—BALTIMORE,

13556 **CERTIFICATE OF DEATH** 13545

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLA	AND	2. USUAL RESIDEN o. STATE Mary	ICE (Where de		If institution.	on: Residence	before admi	ssion)
b. CITY OR TOWN (IF	outside corporate limi	ts. write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOV	VN //F outside	comorate lin	site write P	UPAL and air	e pearest to	va)
RURAL ond give ne	arest town)							iiis, wille a	21/0	4	***,
Rural) Syke:	SVIIIE, MAI			ys	d. STREET ADD	more,	44		SYO,	- 4	SIDENCE
OR INSTITUTION							Chann			ON	A FARM?
	ield State				920 .	38th.		G.		YES] NO 🖺
3. NAME OF DECEASED (Type or print)	Dav:		Middle Thom	nas	Bowde	n 4. D	ATE OF DEATH	Mon 12	th	30 30	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED IN NEVER MARRIED	8	DATE OF BIRTH		9. AG	E (In years		YEAR IF UNI	DER 24 HRS.
Male	White	WIDOWE	D DIVORCED		5-5-7.80	5	63	birthday)	Months D	ays Hours	Min.
10o. USUAL OCCUPATIOn during most of work Watchm	ing life, even it refired	done 10b.	KIND OF BUSINESS OR	INDUST	Mass.	E (State or for	eign country)			S.A.	T COUNTRY
13. FATHER'S NAME			WALL BUT		14. MOTHER'S MA	AIDEN NAME					Man A
Ezra	Bowden				Anni	e Cris	tie				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	ORMANT			Addi	ress		
unknown	If yes, give wor or dotes of so 1st W.W.	0	27-05-2166	R	ecords Sp	ringfi	eld St	ate H	ospita	1	
			e for (o), (b), and (c).						III S	INTERVAL I	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Abs	cess in lef	t li	ing					- Meek	3
521x	DUE TO						111111111111111111111111111111111111111		20 (20)		
Conditions, if or	ny, which) (h	Bro	ncopneumoni	a-bi	lateral					days	
gove rise to in	nmediote Due To										
lying couse lost.	191X) 10										
PANT II. OTH	ER SIGNIFICANT CON	DĮTIONS C	ONTRIBUTING TO DEAT	H BUT,N	OT RELATED TO TH	E TERMINAL D	ISEASE COU	ALS NOTIN	EN IN PART	(o) 19. WAS	AUTOPSY
									,	YES	DRMED?
PART II. OTH Chronic Chronic 200. ACCIDENT WX	SUNDERLYING U CAUSE OF DEATH MEDICAL EXAMINER)	906. DESC	RIBE HOW INJURY OCC	URRED.	(Enter noture of in	jury in Port I	or Part II of i	tem 18.)			
	r Month, Day, Yea	or 20d. IN	JURY OCCURRED 2	Oe. PLA	E OF INJURY (Hon	ne, form, 20f	f. (City or tow	n)	(Co	uniy)	(Stole)
20c. TIME OF INJURY Hour o. m.	19	While	Not while	focto	ry, street, office blo	dg., etc.)					
					~0	70.0		70			
			ed from 9-11-								
alive on_12_	30	_, 19_5	182_, and that d	leath (occurred ot 2	40 PM,	from the	causes a	ind on the	dote sta	ted obove
6	VAITE	A	mone	1		ADDR	ESS (Street, ci	ty or lown,	state)	1	DATE SIGNE
ACTUAL SIGNATURE	acis	1	100	M	D. Spr	ingfie	1d Sta	te Ho	spital	715.1	
PHYSICIAN'S NAME (Type)	Walter Knop	p, M.	, D. (Cl		o Max	erl and			
220. BURIAL CREMATION	N. 226. DATE THEREO	F	22c. NAME OF CEMET	EDV OR		resvill	LOCATION (
REMOVAL (Specify)				300	CKEMATORT	9 - 3				(Ste	oie)
23. FUNERAL DIRECTOR'S	Jan 3,1	959	ADDRESS	11		I R	itchi REGISTRAR	e Hig	shway	Md.	
23. FUNERAL DIRECTOR'S				20	16 24	a. REC'D BY F	EGISTRAR 5	24b. REGIS	TRAR'S SIGN	MILKEUS .	
Censur	16 Non	evai	V-38181	مرير	my Lemos	ATE UMIN '					Late of

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AARYLAND COUNTY CAPPOLI COUNTY CAPPOLI C. LENGTH OF STAY IN 1b RURAL and give nearest town) WOODDING I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WEITZEL Nursing Home JAME OF JOSEPH SHEITAN EX 6. COLOR OR RACE Male White Widdle SHEITAN EX 6. COLOR OR RACE MIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) Cetiped-Signal Man Penna R. R. FATHER'S NAME JOSEPH WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate gove role in mediate couse (o), stoting the under-	d. STREET ADDRESS 1313 As bury F	b. COUNTY one limits, write RURAL and starting to the limits and starting to the lim	
RURAL ond give negrest town) WOODING I. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WOIZEL NUTSING HOME JAME OF JOSEPH SHEITON EX 6. COLOR OR RACE Widdle Type or print) EX White Widdle Widdle Widdle Middle Widdle Widdle Middle Middle Widdle Middle Mid	Baltimore Ci d. STREET ADDRESS 1313 Asbury F	ty 3	VO1-4
AAME OF DECEASED Type or print) EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIPG-Signal Man Penna R.R. FATHER'S NAME TO Seph Brenize	1313 Asbury F	Road	
AMME OF DECEASED Type or print) EX 6. COLOR OR RACE White Whole Whose print of working life, even if retired) Cettred—Signal Man Penna R. R. ATHER'S NAME JOSEPH WIDOWED DIVORCED DIVORCED Penna R. R. TATHER'S NAME JOSEPH WAS DECEASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. 17. 717-07-6260 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO Conditions, if ony, which gove rise to immediate DUE TO CONDITION MIDDIATE TO SHEET S	Lan A DATE	form of	ON A FARM? YES NO NO
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired—Signal Man Penna.R.R. ATHER'S NAME JOSEPH Brenize WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	BRENIZE OF DEATH	12- 20	Day Year
USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) Petired-Signal Man Penna R. R. FATHER'S NAME JOSEPH Brenize WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate OUT TO	8. DATE OF BIRTH		TYEAR IF UNDER 24 HRS.
CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate Out To PART I. DEATH Which (b) Conditions, if any, which gove rise to immediate DUE TO Conditions, if any, which gove rise to immediate Out To PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate	Jan.28-1891	last birthday) Months	Days Hours Min.
TOSEPH Brenize WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. To. of uphnown) (If yes, give wor or dates of service) 717-07-6260 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate DUE TO	USTRY 11. BIRTHPLACE (State or foreign co		IZEN OF WHAT COUNTRY?
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate DUE TO	14. MOTHER'S MAIDEN NAME		U.S.A.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate DUE TO Conditions, of the condition of the conditi	Jennie Bailev		
PART I. DEATH WAS CAUSED BY: 356. DUE TO Conditions, if ony, which gove rise to immediate DUE TO	Nellie R.Brenize	Address Bal	ltimore 9.M
lying couse lost. (c) Revere & Cerum	in	urs o alno	20 Dec 58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU			1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port	II of item 18.)	
	PLACE OF INJURY (Home, form, 20f. (City actory, street, affice bldg., etc.)	or town) (C	County) (State)
ACTUAL SIGNATURE SIGNATURE SHAWERS	h occurred ot 8:30 M, from		last sow the deceased he date stated obove DATE SIGNED 20 LUCE J 8
NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (
REMOVAL (Specify)	+ ho 3 ! - 1 or	ON (Gityudawa county)	(Store)
UNERAL DIRECTOR'S SIGNATURE ADDRESS		Baltimore	MATURE
Frank W. Seitz 814 W. 36th. St	24o, REC'D BY REGISTR	AR 24b. REGISTRAR'S SIG	UNDIUNE

OF SPOMITIAL STATE OF STATE OF ALL STATE OF LE ST CEPLINCATE OF DEATH 5 • 3 •

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13558 CERTIFICATE OF DEATH

13547

Reg. Dist. No.

-										
	PLACE OF DEATH o. COUNTY AVOWAVA	Carroll		MARY	LAND	2. USUAL RESIDENCE (V o. STATE Maryland		ed lived. If institution b. COUNTY	on: Residence b	before admission)
	b. CITY OR TOWN (If RURAL and give ne	autside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If	outside corp	orote limits, write R	URAL and give	nearest tawn)
	Svkesvil	· · · · · · · · · · · · · · · · · · ·		19 mos		Baltimo	re Ci	ty	3 VO1	-4
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	give street			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		eld Stat	e Ho	spital		337 S. I	Benta	lou Str	eet	YES NO
	NAME OF DECEASED	lward E.		Middle		Last	4. DATE OF	Mon		Day Yeor
<u> </u>	(Type or print) LC						DEATH	Decembe		19 58
Э.				NEVER MARRIE	_	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Do	EAR IF UNDER 24 HRS.
_	Male	White	WIDOWI			12-30-189		61 yrs.		
100	during most of worki	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stot	le or foreign	country)	12. CITIZEI	N OF WHAT COUNTRY
_		oker	Crow	n Cork &	Sea			ryland	US	A
13.	FATHER'S NAME					14. MOTHER'S MAIDEN		3 5 5 3		fay I fan 15
	Robert N	1. Brooks			- 14.	Clara W	. Bal	1		41.0
15. (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. IN	IFORMANT		Add	ess	
				3-01-536	3 Au	thur O.Go	dman-	337 S. I	Bental	ou Street
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).					Ti	INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	as	terione	CAR	tr care	BUR	mular	diseas	ONSET AND DEATH
	4221	DUE TO								
	Canditions, if on	u subtab Y							- 63 9	
	gove rise to in	mediate (
	lying couse lost.	ne unger-							44.59	
z		FR SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TER	MINIAI DISEAS	E CONDITION CIV	ENI INI DADT 1/	ANAC ALITORSY
CATION	Erre	charcon	a c	l luisa	1 %	smaketic a	denn	esold or	Matile	PERFORMED?
Œ	20g. ACCIDENT WAS	LINDERLYING I	20h 10ts	PIDE HOW INTURY OF	CCUPPED	. (Enter noture of injury in	Past Las Pa	et II of item 18.)	2006	YES NO NO
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	AUG. BES	CRIBE TIOTY INJURY OF	CCORNED	. (Enter notice of injury in	TOTT TOT TO	it ii oi tiem to.j		
3		Month, Day, Ye	or 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, for	rm, 20f. (Cit	y or town)	(Cour	nty) (State)
MEDICAL	Hour o. m.	19	While of worl	Not while	foct	ory, street, office bldg., e	tc.)			
-					2 7	10 C2.	12 - 2	7	7)	
		at lattended the	decease	- i)	6./					t saw the deceased
	alive on	7 72	19	and that	death	accurred a dilf.				
	ACTUAL G	alte	NI	while		6-	ADDRESS (S	itreet, city or town,	state)	DATE SIGNED
	SIGNATURE)	100	100	N	1.D. =	mpfil	eld so	18 1	18/m/d/
	PHYSICIAN'S NAME (Type)	PALTER	7	KNOTO	P	Syh	esuj	11-1	20	12-27-50
220	BURIAL, CREMATION	1. 22b. DATE THEREC	F	22c. NAME OF CEME				TION (City, town,	or county)	(Stote)
	Burial	Dec. 31-	58	Loudon 1	Park	Cemetery	Bal	timore 1	arvla	nd
23.	FUNERAL DIFECTOR'S		.0	ADDRESS	TVI.		C'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNA	
1	1.19.11	16 bear	_	- 1300 Eur	taw	PI DARE	C 2 9 '58	ante	wy S. Kra	uA.

13549 CERTIFICATE OF DEATH Reg. Dist. Na director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed 6. COUNTY MARYLAND deoth. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auxide corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 2 NAME OF 4. DATE First Middle Lost Month filled (Type or print) DEATH Brown 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months WIDOWED | DIVORCED T papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) deoth. during most of working life, even if retifed) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Hour o. n. foctory, street, office bldg., etc.) While Not while of work at wark p. m 21. I certify that I attended the deceased fram . 19 ____that I last saw the deceased and that death accurred at 1.15 TM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) M. E. Robertson New Windsor. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) agod REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATEC Chilling S. Traus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13548

e. IS RESIDENCE ON A FARM? YES NO

Yeor

19

2.8

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO Z

> > (State)

DATE SIGNED

(Stole)

Days

(County)

would be seen a side of the control of the control

funeral director,

13559 CERTIFICATE OF DEATH

Reg. Dist. No.

				3 0 0								
1. Pi	LACE OF DEATH	arroll		MARY	LAND	o. STATE	aryla		lived. If instituti b. COUNTY		before od	
b.		f autside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If or	utside corporo	te limits, write f	RURAL ond gi	ve nearest	lown) /
	RURAL ond give ne	ille (Rural)	12 v. 7 m.	21,	H. B	altim	ore		340	1-4	· ·
d	. NAME OF HOSPIT	AL (If not in hospital, g		A . T	tion desp	d. STREET A		1010			e. IS	RESIDENCE
	Springfi	eld State I	ospi	Ltal		2	1 S.	Carev	Street			N A FARM?
3. N	IAME OF	Fir	st	Middle		Lost		4. DATE	Moi	nth	Day	Yeor
	ECEASED Type or print)	Naı	mie	F.		Brow	ne	OF DEATH		ember		1958
5. SE	EX			DEKROMOTOCHAM	KOYCX	B. DATE OF BIRTH		9	. AGE (In years			NDER 24 HRS.
1	Female	White	WIDOW		-	Septembe	r 30.	1865	last birthday) 93 yrs.	Months	Poys Ho	urs Min.
10a.	USUAL OCCUPATION	ON (Give kind of work	done 10b	. KIND OF BUSINESS O	R INDU		- Contract	or foreign cou	intry)	12. CITI	EN OF W	HAT COUNTRY
	Housewi	ting life, even if retired					Virgi	nia			U.S.	Δ.
13. F	ATHER'S NAME	10				14. MOTHER'S					0.0	AA.B
	Т.	oseph R. Je	er-				Ma	randa	H++++			
15. V				SOCIAL SECURITY NO	. 17.	INFORMANT	A dela	Landa		Iress		
	no. or unknown)	(If yes, give war or dates of s	ervice]	mana		Springfi	29 6	toto U	oenit-1	Danam	.5	
-				none		Phrankin	era 2	value n	ospicar	vecoi.		
				ine for (o), (b), and (c).	*							L BETWEEN
и	PARI I. DEA	TH WAS CAUSED BY:	Ch	ronic rheur	nati	c heart	disea	se	535,000		ye	ars
	410X	DUE TO										
	Conditions, if o	ny, which) (b	. Mi	tral stenos	is						370	ars
	gove rise to i	mmediate (THE SECOND						
	lying couse lost.	the under-	00	neralized a	arte	rioscler	osis				Yes	ars
z				CONTRIBUTING TO DE				NAL DISEASE	CONDITION GI	VEN IN PART		
E											PE	RFORMED?
FIC	man	ic depressi	ve I	ceaction, describe How INJURY O	epre	essed typ	e .	and I am Park I	II of Hom 19)		TES	ио 🗆
ũ	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DE:	SCRIBE HOW INJURY O	CCORRE	D. (Enter noture of	injury in r	on run	ii or nem ib.j			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While		20e. Pl	ACE OF INJURY (I ctory, street, office	lome, farm bldg., etc.	20f. (City (or lown)	(C	ounty)	(State)
-	21. I contifu th	at Lattended the	decen	sed from Nove	mber	1. 19 55	to De	cember	13 10 5	that I le	ast saw	he decease
	alive an Dec		, 19_			accurred at			_			
	dive dil		17	, and mai	ueum	accorred at			eet, city or town		e date s	DATE SIGNE
	ACTUAL	Prop hott		(MA) MA		2						70/21
	SIGNATURE	and bear		Vici AND		M.D. Spr	ingia.	era pr	ate Hos	pl.tal_		12/11/
	PHYSICIAN'S E	lisabeth Kr	opp,	M. D.		Syk	esvil	le, Ma	ryland			
220.	BURIAL, CREMATIC	N. 226. DATE THEREC	F	22c. NAME OF CEM	ETERY C	R CREMATORY		22d. LOCATI	ON (City, town,	or county)		(State)
	REMOVAL (Specify) Burial	12/16/56	}	Woodla	wn (lem -			Woodla	wn. Md		THE A
23. F	UNERAN DIRECTOR	S SIGNATURE	0	ADDRESS	(240. REC'I	D BY REGISTR		ISTRAR'S SIG	NATURE	
1	1/1/1/	Li aliant	Laur	1/1/1/	14	20/7	DATE DE	C 1 7 '5	9 0	rthun 8	4	
/	1	MARKEL	and and	11.00			DATE DE	11 / 3	U	runua s.	Maus	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shather registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Baltimore Th e. IS RESIDENCE ON A FARM? YES NO W Day Year 12 58 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours yrs. 12. CITIZEN OF WHAT COUNTRY? USA Address Record. Springfield State Hosp., Sykes., Md. INTERVAL BETWEEN ONSET AND DEATH Years Years (County) (State) Dec. 7 19 58 that I last saw the deceased and that death accurred at 9:30PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Springfield State Hospital Sykesville, Maryland 22d. LOCATION (City, town, (at county)

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 2 FCERTIFICATE OF DEATH

13562

13552

1. PLACE OF DEATH o. COUNTY (WINDLE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION Pullen Nursing Home	Second Avenue - Sykesville e. Is residence on a farm?
3. NAME OF DECEASED (Type or print) John R. May Ley C	255 4. DATE Month Day Year OF DEATH DEATH DEATH 12 195
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH B. DATE OF B
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Epseups Musik	USTRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
13. FATHER'S NAME John Casi	Mary Marley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unhingsin) (If yes, give wor or dates of service) 4	Ma f. f. Thoy- 505 & 43 rdft Ball 12
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mulises, Certereselesses ONSET AND DEATH
Canditions, if ony, which (b) Synersliped, Co	of Colon, intestinal alut. 1956
gove rise to immediate couse (a), stating the under-lying couse last.	12 Dec 38
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	ED. (Enter noture of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While Nat while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1956 alive an 19 , and that deat	h accurred at DISDAM, from the causes and an the date stated aba
ACTUAL SIGNATURE HEWARD & Hall	M.D. ADDRESS (Street, city or town stote) DATE SIGN M.D. 12 LUC S
PHYSICIAN'S HOWAYD E. Hahh	SYKESVILLE, MD.
220. BURIAL, CREMATION, REMOVAL (Specify) 12-15-58 DOWNSHIP	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	ALL MADEC 1 7 158 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13563 CERTIFICATE OF DEA	Th
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7.000	9				Keg. Dist	, No.		
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Marylan		d lived. If Institut b. COUNTY			nission)	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	1		prate limits, write f			own)	
RURAL and give nearest town) Sykesville	16 days	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Bivalve						
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS				ON	RESIDENCE A FARM?	
Springfield State Hospita						YES	□ NO 🖾	
3. NAME OF First DECEASED (Type or print) Ara	Middle Elizabeth	Chabara	4. DATE OF DEATH	12	nth	Day 14	Year 19 58	
77	RIED NEVER MARRIED	8. DATE OF BIRTH 2-26-76		9. AGE (In years last-birthday)		YEAR IF UN		
- 1110011				OZ yrs.	191	18		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	. KIND OF BUSINESS OK INDE	Marylan		auntry)	U.S		AT COUNTRY?	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
Sylvester Shockley		Martha E	inglis	h				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) 1 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress			
	nkn S	Springf.Hospit	. Red	ords				
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) (b) Gel			dise	ase		vear	ND DEATH	
gave rise to immediate cause (a), stating the under lying cause last. Z Page II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	I NOT DELATED TO THE TERMIN	NAL DISEAS advan	E CONDITION GIV	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	Part I ar Par	t It of item 1B.)		100	110 (2)	
20c. TIME OF INJURY Manth. Day, Year 20d. Hour o. m. 19 while at wo	Not while fa	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.		ar tawn)	(Co	ounty)	(State)	
21. I certify that I attended the decearative on 12-13- 19		28-, 1958, to accurred at 7: A	M, from	n the causes of treet, city or town,	and on the	e date sta		
PHYSICIAN'S NAME (Type) Edmudn Lusthaus		Sykesville	Mor	vland				
220. BURIAL, CREMATION, 22b. DATE THEREOF 12/17/58	BIDZIVE	Jem.	BII	TION (City, town,	, M	13>	rate)	
23. EUNIERAL DIRECTOR'S SIGNATURE	Brake,	Md, DATE DE	C 1 9 '5		STRAR'S SIGN			

POGGG T	TE OF BEATH	CERTIFICA	
out ont			
			E Heater
		dispersion.	
	CITE DELLA VIE		

CERTIFICATE OF DEATH

13554

	,					Reg. Dis	t. No.		
	arroll	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary]		ived. If institutio b. COUNTY	ni Residenc		odmiss	ion)
Sykesvill	(If outside corporate limits, wr nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporot		3 Vo	ive near	est town	.)
OR INSTITUTION	ITAL (If not in hospitol, give standard Hosp:		d. STREET ADDRESS 3703 Bela	dr Rd.			•		DENCE FARM? NO 3
3. NAME OF DECEASED (Type or print)	George	Henry	Chaney	4. DATE OF DEATH	12"	h	19 ^{Doy}		1958
5. SEX Male	White win	OWED DIVORCED	9-18- 92		AGE (In years lost birthday) 66 yrs.	Months	Days	F UNDE Hours	R 24 HRS. Min.
Boxer	ION (Give kind of work dane orking life, even if retired)	10b. KIND OF BUSINESS OR INDUS	Maryland	1	ntry)	U.S.		WHAT	COUNTRY
13. FATHER'S NAME Geo	orge W.Chaney		14. MOTHER'S MAIDEN Anastati		mings				
15. WAS DECEASED EV [Yes, no. or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT HOSDI	ital rec	Addre	258	73		
Conditions, if gove rise to couse (o), storing lying couse lost	ony, which immediate the under-	udden death by as	in the three				80	cond	
Schizor	ohrenic reacti	ON CONTRIBUTING TO DEATH BUT ON PARANCIE TO DESCRIBE HOW INJURY OCCURRED	•			N IN PART		PERFO YES X	AUTOPSY RAIED? NO
20c. TIME OF INJU Hour o. m. p. m.	10 W	od. INJURY OCCURRED 20e. PL/ hile Not while work of work	ACE OF INJURY (Home, fari tory, street, affice bldg., et	m, 20f. (City or	r town)	(C	ounty)		(State)
21. I certify ! olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Heur for truggleffet		occurred of 5.35	PM, fram	the causes are to city or town, s	nd an th		state	
220. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 22b. DATE THEREOF 12/24/58	22c. NAME OF CEMETERY OF Parkwood Cer			N (City, town, or ville, M	,,		(Stote)
23. FUNERAL DIRECTOR Ullrich Fu	r's signature neral Home 421	ADDRESS O Belair Road.		DEC 2 9	R 24b. REGIST	RAR'S SIG	NATURE	us	200

be funeral director, old be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIMPCTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should betached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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13565 CERTIFICATE OF DEATH

Reg.	Dist.	No.	

o. COUNTY		MARYLAND	o. STATE		institution: Residence DUNTY	before admission)
Carr			Maryla		Carrol	
RURAL ond give n		c. LENGTH OF STAY IN 16	× -	f outside corporate limits,	write RURAL and give	e nearest tawn)
d NAME OF HOSPI	TAL (If not in hospital, give street	1 1t years	d. STREET ADDRESS	own		e. IS RESIDENCE
OR INSTITUTION	TAL (II NOT III NOSPILAI, GIVE SITEE)	oodiessj	O. SIKEET ADDRESS			ON A FARM?
			Broad	Street		YES NO
. NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	Roy	C	Collins	OF DEATH De		21. 19 58
5. SEX	6. COLOR OR RACE 7. MAR	RIED A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (Ir		FAR IF UNDER 24 HRS.
W-7-	WIDOW	TO DIVORCED T	W 7 7070	lost birt	hdoy) Months Do	ays Hours Min.
Male	ON (Give kind of work done 10b.		May 1, 1917	4.1		N OF WHAT COUNTY
during most of wor	king life, even if retired)	KIND OF BUSINESS OR INDU	SIKT II. BIKIMPLACE (STO	ie or foreign country)	12. C1112E	EN OF WHAT COUNTRY
Machine	Operator Ru	bber Factory	Virgini	а	U.	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Abran	COllins R IN U. S. ARMED FORCES? 16.			Gibson		
(Yes no, or unknown)	(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
no	23	10_2/_7611 N	rs. Grace Co	llins. Tane	vtown Md.	
	ATH [Enter only one cause per li		1-51-01-005 U	ALLEN , LAND		INTERVAL BETWEEN
	ATH WAS CAUSED BY:	12	10.			ONSET AND DEATH
	IMMEDIATE CAUSE (o)	nonem	penen	mound	•	2 Clary
356,1	DUE TO	1	1 0		. / 6	
Conditions, if a	inv which)	mus Croket	uia Torne	animin 6	Vecual	16 Trens
gove rise to i	mmediate	1	70,000	100000000000000000000000000000000000000	1	100000
couse (o), stoting	the under- DUE TO					
lying couse lost.) (c)					
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITI	ON GIVEN IN PART 1	(o) 19. WAS AUTOPSY
491	X					YES NO TH
THER, NOTIFY	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Part I or Part II of item	18.)	
20c. TIME OF INJUI	RY Month, Doy, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	rm. 20f. (City or town)	(Cou	inty) (Stote)
Hour o.m.	While	Not while for	ctory, street, office bldg.,	etc.)	1000	,,
p. m.	19 of wor	k of work				
21. I certify th	nat I attended the deceas	ed from 4/14	. 1958 ta/	2/21	1058 that 1 law	st saw the decease
1 1	7 /21	- A		10		
alive on	19	$\geq Q_{-}$, and that death	accurred at 7:30			
	10 15		in of	ADDRESS (Street, city o	town, stole	DATE SIGNE
ACTUAL SIGNATURE	116.1.17	1ºVansh	un 44/ +/2	edireit -	IT. Inus	estoun m
JIGITAT OKE			M.U. ,			7
PHYSICIAN'S NAME (Type)	K.S.M.	·Vavah				12/22/
20. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City,	town, or county)	(Stote)
Burial	12/26/58	Pleasant Poi	nt Cemeterv	Tazekell.	Tennessee	
3. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			. REGISTRAR'S SIGN	ATURE
merio				DEC 2 4 58	O. Thun S. 9	
G. O. Fine	se & Son Tener	town Marriand	DATE			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 by the haspital ar attending physician.

R. After this certificate has been signed by the attending physician and campletely filled in by the started far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shot to burial, cremation, ar removal, and in any event within 72 hours after death. may be retained by TO FUNERAL DIRE page 3 should by the registrar prior it O HOSPITAL OR VS A1S (4) 15M 10/S7

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			Freeze Cara	300, 100	
			e e	, 10	0 5 0

IF UNDER I YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? U.S.A

INTERVAL BETWEEN ONSET AND DEATH

e. IS RESIDENCE ON A FARM? YES . NO ...

19 58

may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should the proched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 strong be filed with the registrar priation burial, cremation, ar removal, and in any event within 72 pours after death.		clor	M	-
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may be retained by the haspital ar attending plus. TO FUNERAL DIRECTOR: After this certificate has page 3 should be refached for use as the buria the registrar prior to burial, crematian, at remaining the registrar prior.	ysic	bee	I-tro	Ď,
may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate page 3 should be placed for use as the base the registrar prior to burial, crematian, at re-	0.0	hos	uria	оше
may be retained by the haspital or atterval to FUNERAL DIRECTOR: After this certification and the registrar prid to burial, crematian,	ndin	cote	he b	or re
may be retained by the haspital ar TO FUNERAL DIRECTOR: After this ca page 3 should to receive the registrar price to burial, cremati	offe	ertif	as t	an,
TO FUNERAL DIRECTOR: After the page 3 should be proceed for the registrar prior to burial, cre	ö	nis C	USe	тар
may be retained by the har TO FUNERAL DIRECTOR: Afr page 3 should to the requision pride to burial	pid	er #	for	Cree
may be retained by the CONNERAL DIRECTOR. TO FUNERAL DIRECTOR. page 3 should to the registrar prid—to but the registrar	ou e	Aft	ched	urial
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TO FUNERAL DIS	0	REC	.0	O
TO FUNERAL Page 3 sho the registre	Gine	0	pla	r pr
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

	1. PLACE OF DEATH o. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryla	Where deceased lived. If is b. CO		before admission)
	b. CITY OR TOWN (If outsid	le corporate limits, write	c. LENGTH OF STAY IN 16		f outside corporate limits, v	write RURAL and give	negrest town)
	Henryton	awn) '	712 days	Baltim		3401-1	1
	d. NAME OF HOSPITAL (If n	not in hospital, give street		d. STREET ADDRESS	OTE	010/-1	e. IS RESIDE
03	OR INSTITUTION Henryton Stat	te Hospital		611 Pi	tcher Street		YES .N
	3. NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
	DECEASED (Type or print)	Marjori	e Jean	Coward	OF DEATH De		3, 19
	5. SEX 6. CC		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 Y	EAR IF UNDER 2
		Negro widow		12-15-34	lost birth	yrs. Months Da	ys Hours
	100. USUAL OCCUPATION (GIV	re kind of work dane 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (STO	te ar foreign country)	12. CITIZE	N OF WHAT CO
	during most of working life	, even if retired)		North C	arolina	U.	.S.A
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME		
1	Vernon Pea	acock		Virgin	ia Smith		
1	15. WAS DECEASED EVER IN U.	. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	No No	IVE WOT DE CICIES OF SERVICES	401 - 100	Virginia Dru	mgole 61	l Pitcher	Street
	18. CAUSE OF DEATH [E	nter only one couse per li	ne for (o), (b), and (c).]				INTERVAL BETW
	PART 1. DEATH WA	S CAUSED BY: Far	advance bilat	teral cavitar	y pulmonary	tbe.	ONSET AND DE
	002X	DUE TO			<u> </u>		
	Conditions, if ony, wh	nich) (L)					
	gave rise to immedi	ote (OUE TO					
	lying couse last.	(c)					
	PART II. OTHER SIG		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITIC	N GIVEN IN PART 1	o) 19. WAS AUT
0	PART II. OTHER SIG						PERFORMI YES N
	200. ACCIDENT WAS UND OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDIC)	ERLYING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Part 1 ar Part II of item 1	B.)	
	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)					
	20c. TIME OF INJURY Mor Hour a. m. p. m.			LACE OF INJURY (Home, fo	rm, 20f. (City or town)	(Cour	nty)
	Hour a.m.	19 While at wor	rk at wark	actory, street, office blog., e	nc.)		
	21. I certify that La	attended the decear	ed from January	21 . 19 56 to	December 731	9 58that I las	t saw the de
	alive on December			h accurred at 2:15			
	12 /	12 1h	1 1/2	2	ADDRESS (Street, city or		DATE
	ACTUAL SIGNATURE	11. 111000	lace M. K	Henr	yton, Maryla	nd	12-13-
1					*		
	PHYSICIAN'S Dr. E	dgars M. Ma	culans, Supt.	Henryton	State Hospit	al, Henryt	ton, Md.
	220. BURIAL, CREMATION, 228	b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City,	lawn, or county)	(State)
	REMOVAL (Specify)	Dec 110, 1958	Mit aukan	· Cemetern	Baltono	0.	mo
	23. FUNERAL DIRECTOR'S SIGN	IATURE	ADDRESS	240 RE	C'D BY REGISTRAR 24b.	REGISTRAR'S SIGNA	ATURE
1	Joseph 1	Russ	2222W 7	noul a DATE	12-16-58 VI	rthur -s	1 Xh
173							-

GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 58that I last saw the deceased es and an the date stated above. lawn, state) DATE SIGNED 12-13-58 al, Henryton, Md. wn, or county) (State) REGISTRAR'S SIGNATURE

	Company Control of a second

VS A1S (4) 1SM 9/S5 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13567 CERTIFICATE OF DEATH

			7 37 8							Kag. D	131. 110.		
1. P	LACE OF DEATH	11		MARYLA		O. SLAIL	yland	ere deceosed	lived. If instituti b. COUNTY	-	nce befo		ion)
Ь	RURAL and give ne	f outside corporate limi orest town) 11e	its, write	1 mon. 8 d			ion Br		ote limits, write R	URAL ond	give nec	rest fowr	1)
d	OR INSTITUTION	al (If not in hospital, quality of the control of t				1 d. STREET 209		se Str	eet				FARM?
3. N	IAME OF DECEASED Type or print)		DITH	Middle SPAH		CRAME	R.	4. DATE OF DEATH	Decei		2 Do		Year 1958
5. S	Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		3-16-		9	lost birthdoy) 74 yrs.	Months	Doys	Hours	R 24 HRS. Min.
	Housewo	ing life, even if refired	done 10b.	KIND OF BUSINESS OR		M	arylan	d	untry)	12. CI		F WHAT	COUNTRY
13. F	ATHER'S NAME				-	14. MOTHER	'S MAIDEN N	AME					
		hn William	-				ebecca	Eliza	beth Spa				
15. \ (Yes,		R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.		ormant ecords	, Spri	ngfiel	d State		ital		
	PART I. DEA' 422.1 Conditions, if or gove rise to in couse (o), stating t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO 1y, which mediate (be under: (c)	Art	ne for (o), (b), ond (c).] Ceriosclerot CONTRIBUTING TO DEAT						FN IN PAG	ONS	Year	DEATH S
ATIC				ive reaction			0 1112 12101111	THE BISERISE	constitution on	EIA IIA I AK	1 1(0)	PERFO	RMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter noture	of injury in P	ort I or Port I	Il of item 1B.)				The Last
MEDI	20c. TIME OF INJURY Hour a.m. p. m.	19	While at wor	Not while	foctor	ry, street, offi	ce bldg., etc.				County)		(Stote)
	ACTUAL SIGNATURE	at lattended the ember 2	195	ed from Octobi B), and that d Lesthau B, M. D.	er 2	ccurred a	7:15 Sprin	M, from ADDRESS (Streegfield	2, 19 58 the causes of the city or fown, State F	ind an t stote) lospit	he dat	te state	deceased ed above ATE SIGNEE
22o.	BURIAL, CREMATION REMOVAL (Specify)	12/5/5	OF P	22c. NAME OF CEMETE	RY OR C	REMATORY		WAA I	ON (City, town, o	or county)		(Stote	NA
23. [UNERAL DIRECTOR'S	HOLLORS	i, W	ADDRESS oodelsro	7/	nd	24a. REC'E	BY REGISTRA	AR 24b. REGIS	STRAR'S SIGNAT S.	GNATUR	RE 1.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Day

ON A FARM? YES NO 2

Year

Reg. Dist. No.

b_COUNTY

195 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 195 8 that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county (State) 24b. REGISTRAR'S SIGNATURE 24s. SEC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13568

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYLAND BaltimoreCity Marvland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) 43y.5m.15d. Sykesville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital YES NO D NAME OF Middle 4. DATE Last Month OF DEATH WILLIAM CROOKS December 15 19 58 (Type or print) A. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) 12-10-8/ DIVORCED T Male WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mattress maker Maryland U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Crooks Hannah Mary Fogle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Records. Springfield State Hospital No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease lears DUE TO Generalized arteriosclerosis Years Canditions, if ony, which gave rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Schizophrenic reaction, paranoid type YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, affice bldg., etc.) Haur a.m. at wark at wark 21. I certify that I attended the deceased from March 7 December 15 ___, and that death occurred at 10:40 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Springfield State Hospital 12-15-58 PHYSICIAN'S Agustin del Campo, M. D. Sykesville, Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME-OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Onthur & Fraus DATE C 1 9 '58

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Reg. Dist. No.

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1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Balto City Carroll Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 23yrs.8mos.11days Sykesville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Formerly-Queen Anne Rd. . IS RESIDENCE)38000MCOOdDds99999CCDs7e Springfield State Hospital YES NO NAME OF Middle 4. DATE Yeor DECEASED 1958 December 31. Andrew Alexander Danko (Type or print) DEATH B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months White November 11, 1906 Male DIVORCED T WIDOWED T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pattern Maker Wood and Metal Mahwah, New Jersey U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Michael Danko Julia Dudics 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Springfield Hospital Records No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Myocardial infarction due to arteriosclerotic Minutes coronary thrombosis. DUE TO Conditions, if ony, which (6) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. (c) Epilepsy without psychosis. Fracture, neck of feminal disease condition given in part 1(0) 19. Was autopsy performed? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m Not while at wark of wark October 20, 19 54, to December 31, 19 58, that I lost saw the deceosed 21. I certify that I oftended the deceased from. ____, and that death occurred at 1:00 PM, from the causes and on the date stated above. olive on December 31. ADDRESS (Street, city or town, state) DATE SIGNED au ACTUAL Springfield State Hospital Edmund Lusthaus, M.D. Sykesville, Maryland PHYSICIAN'S NAME (Type 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) New Cathedral Cemetery Baltimore, Maryland Burial 23. FUNERAL DIRECTOR'S-SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 211 3 Teration

Bar ba Office properties and it early every heef .Ef courses Principle Comment of Market · · · Dome Liver House Hills and and be as the contract man makes that fuller over nadodenan I Actionation BEADANG CONTRACTOR STORES BEARS I THE SAY IS WATER TO THE SAY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13561

	70	CERTIFIC	ATE OF DEATH		Reg. Di	st. No.	
Carroll		MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryla	h CO	nstitution: Residen	ce before admi	ssion)
earest town)	, write	c. LENGTH OF STAY IN 16			vrite RURAL and	give nearest tow	vn)
TAL /If not in bounital air	lospi	ddrau)	d. STREET ADDRESS		/ Chi	e. IS RE	SIDENCE A FARM?
First		Jeanette	Dashields	Ar -	Month ecember	Dov	Year 19 58
NY			B. DATE OF BIRTH October 1, 19	_ lost birth	doy) Months		ER 24 HRS.
ON (Give kind of work di king life, even if retired)	one 10b. I	IND OF BUSINESS OR IND					TCOUNTRY
Joshua Ga:	ines						1,49
		OCIAL SECURITY NO. 17.		shields - 1	Address Patient	97.1%	
ATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO ony, which (b). Immediate the under.	Не	morrhage	ilateral Pulmon	ary Tuberco	ulosis	ONSET ANI	
	ITIONS CO	DINTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	N GIVEN IN PAR	PERF	AUTOPSY ORMED?
AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	06. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ort I or Port II of item 1	B.)		
RY Month, Doy, Year 19	While	_ Not while _ f	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(0	County)	(Stote)
ember 31,	, 1958		h accurred at 5:00 A	ember 31, 19 M, fram the cause DDRESS (Street, city or	ses and an th	he date stat	e decease
	If outside corporate limits represt fown) "YON TAL (If not in hospital, ging to the property of the property	(If outside corporate limits, write learnest town) "YON TAL (If not in hospitol, give street or youn State Hospi First Gentride 6. COLOR OR RACE Negro ON (Give kind of work done 10b. Kring life, even if retired) Joshila. Gaines ER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service) ATH [Enter only one couse per lime ATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO DUE TO DUE TO ONY, which immediate the limit of the under: AS UNDERLYING The under of service	C. LENGTH OF STAY IN 16 Page Pa	C. CITY OR TOWN (If our information of the part of the	(If outside corporate limits, write learest fown) 726 days Rock Hall Rock Hall Rock Hall Astreet Address Youn State Hospital First Gertrude Gertrude Gertrude Jeanette B. DATE OF BIRTH October 1, 1918 October 1, 191	(If outside corporate limits, write c. LENGTH OF STAY IN 1b receptations) 726 days Rock Hall 726 days Rock Hall 746 Rock Hall 747 Rock Hall 747 Rock Hall 747 Rock Hall 748 Route 1, Box 9 First Gertrude 840 851 851 852 853 854 855 855 855 855 855 855	(If outside corporole limits, write record town) Table Ta

240 REC'D BY REGISTRAR

DATE JAN 5

24b. REGISTRAR'S SIGNATURE

Cullin S. traus

ADDRESS /

TO FUNERAL DIPSE page 3 should the registror price TO HOSPITAL OR VS A15 (4) 15M 9/55

23. BUNERAL DIRECTOR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

by the haspital or attending physician.

CTOR: After this certificate has been signed by the attending physician and campletely filled in by etached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 to burial, crematian, or remaval, and in any event within 72 haurs after death.

TE OF DEATH	TO CERTIFICA	
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Let's X		
California California		
Particular Control		Table 1
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	to their courses	

13571 **CERTIFICATE OF DEATH**

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1, PLACE OF DEATH			MARYLAND	2. USUAL R	ESIDENCE (Whe	re decease	d lived. If instituti	oni Residenc	e before adr	mission)
	rroll				Marylan			City		
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, earest tawn)	write c. l	ENGTH OF STAY IN 16	e. CITY	OR TOWN (If ou	tside corpo	rote limits, write R	URAL and 9	ive nearest to	own) V
Sykesy:	llle		24 days		ltimore	12,	Md.	SV	0/- 4	-
OR INSTITUTION	TAL (If not in hospital, give				T ADDRESS				10	RESIDENCE N A FARM?
Springf	leld State H	ospita	1	550	3 Hille	n Roa	<u>d</u>		YES	□ NO G
3. NAME OF DECEASED (Type or print)	First	H.	Middle			4. DATE OF DEATH	Mon	ith	Day 28	Yeor 1958
S. SEX	6. COLOR OR RACE 7	MAPPIED		B. DATE OF	ressel		9. AGE (In years	TIF UNDER		NDER 24 HRS.
M		IDOWED [3-29			lost birthday) 64 yrs.		Days Hou	
Oo. USUAL OCCUPATIO	ON (Give kind of work do	e 10b. KIND	OF BUSINESS OR INDL	STRY 11. BIRT	HPLACE (Stote o	r foreign c	ountry)	12. CITI	ZEN OF WH	AT COUNTRY
shipping	king life, even if retired)	D.	Tred		aryland				U.S.A	
3. FATHER'S NAME	Mark William	1		14. MOTHE	R'S MAIDEN NA	ME				
John G.	. Dressel			K	atherin	e Len	hoff			
5. WAS DECEASED EVE	R IN U. S. ARMED FORCE	S? 16. SOCI		INFORMANT			Add	ress		
no no. or unknown	(14 yes, give war or dates of servi	18/8-	9129	S.S.Hos	pital R	ecord	S			
18. CAUSE OF DEA	ATH [Enter only one coust	per line for	r (a), (b), and (c).]							BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Arter	iosclerotic	cardio	vascula	r dis	ease			ND DEATH
422.1	DUE TO									
Canditions, if o		Ganen	altrad anta	ni ogolo	nocie				WA	ers
Canditions, if ony, which gove rise to immediate DUE TO									700	210
cause (o), stating	the under									
lying couse last.	J (c)_	HONE CONT	DIDITING TO SEATURE	T NIOT PELATE	TO THE TERM	AL DIEFIC	F COMPLETE CO	(PA 4A / PA F	14 1/10 111	ALIE ALIE AND ALIE
C.B.S.as Convuls	(c)_ HER SIGNIFICANT CONDI SSOC. with ce ive seizures	rebral	arterioscl	er.with	psych.	react	ion	'EN IN PART	YES	REORAGED?
200. ACCIDENT WA			HOW INJURY OCCURRE							
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Year 19	While			RY IHame, form, ffice bldg., etc.)	20f. (City	or town)	(Co	aunty)	(Stote)
	- 6 1 - 66 - 1 - 1 - 1 - 1		70.1	- 10 F	8	12-2	8- , 1958	4		
	nat I attended the d	FA		19_2	77.704	14-4	. 1920	,that I la	ast saw th	ne deceased
alive an	12- 28-	19 58/	,, and that death	accurred					e date st	
51	1 / 1	1	1. the				treet, city ar town,			DATE SIGNE
SIGNATURE	lund 1 -	. 4	no cater	M.D. Spr	ingfiel	d Sta	te Hospi	tal		12-28-
PHYSICIAN'S										
NAME (Type)	Edmund B. L	ustheu	s M.D.	Sy	kesvill	e. Ma	ryland			
BURIAL, CREMATIC	ON, 226. DATE THEREOF	8 1	Marelan	OR CREMATOR	ak !	22d. LOCA	OPPE	or county)	>2, (5	toles
3. FUNERAL DIRECTOR		uch	ADDRESS //	20/	240. REC'D	BY REGIST	TRAR 24b. REGI	STRAR'S SIG		
vectorial.	Haynu		0000 //4	M as	DATE 1/10	~ ~ ~				
	1 /1/			//						

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRPAGOR: After this certificate has been signed by the ottending physician and completely filled in by a page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2.s the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/SS

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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13572 CERTIFICATE OF DEATH

Reg. Dist. No. 13563

1	PLACE OF DEATH COUNTY Carroll		MARYLAN		usual residen b. state Maryl			b. COUNTY	titution: Residence before admission) NTY DITGOMETY					
1	b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) (Rural) Sykesville		NGTH OF STAY IN		Chevy			mits, write RI	JRAL and gi	ve nearest	town)			
	d. NAME OF HOSPITAL (If not in hospital, or Institution ield State			da, b	d. STREET ADD	RESS	. Stre	et	_^	0	S RESIDENCE ON A FARM?			
3	3. NAME OF FI DECEASED (Type or print)	mes	G Middle	D	uBois	4.	DATE OF DEATH	Moni		Day 2	Yeor 19 58			
3	s. SEX 6. COLOR OR RACE Male White	7. MARRIED WIDOWED	DIVORCED		TE OF BIRTH -9-1878		9. AC	E (In years t birthday) yrs.	Months [JNDER 24 HRS. Durs Min.			
T	Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND	OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE	(State or f	foreign country				HAT COUNTRY?			
1	Bookkeeper 3. FATHER'S NAME			14	Germ	any IDEN NAW	NE .		lur	lknow	n V			
	Richard Catlin DuBo	is			Alic	e Sop	hia Ric	chards	on					
1	S. WAS DECEASED EVER IN U. S. ARMED FOI (Yes. no or unknown) (If yes, give wor or dotes of	ervice)	7-03-1508	Hosp		cords	Sprin	Addi		e Ho	spital			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilateral Pnoumonia and acute cardiac Conditions, if only, which gove rise to immediate couse (a), stoting the under. (b) decompensation DUE TO										AND DEATH				
	Iying couse lost. (PART II. OTHER SIGNIFICANT CON Chronic brain syncerebral arterios 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	clerosis 20b. DESCRIBE	with ps How Injury occu	WIUN Sycho IRRED. (En	tic rea	ction	I or Port II of	item 18.)	en in Pari , With	r	WAS AUTOPSY ERFORMED? S NO 🔼			
0.07	20c. TIME OF INJURY Month, Doy, Ye Hour o. m. 19		Not while	foctory,	OF INJURY (Hom street, office blo	ie, farm, ig., etc.)	20f. (City or to	wn) -≔	(Co	ounty)	(Stote)			
	21. I certify that I attended the alive an 12-2 ACTUAL SIGNATURE WOLKS PHYSICIAN'S NAME (Type) Walter Know		amAugus:	ath acc	urred at 7	P.A	M, from the DRESS (Street, o	causes a ity or town, Hospi	nd an the state) bal		the deceased stated above. DATE SIGNED 2-3-1958.			
2	20. BURIAL, CREMATION, 22b. DATE THERECE REMOVAL (Specify) 12/5/5	-	NAME OF CEMETER		MATORY		d. LOCATION (r county)		(Stote)			
2	3. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Lythyada	Ind			Y REGISTRAR 3 '58		TRAR'S SIGN	NATURE	nd			

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VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HE	ALTH-	-BALTIM	ORE,	18

13573 CERTIFICATE OF DEATH

Reg. Dist. No. 13564

1.	PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
	b. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) 5 6 THERM	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d: NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) (1/27) BCLLC	DUDDEY 2 DEATH Menth Day Year DEATH Menther 15 1958
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH P. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	George Beasman	Maria S. Worsey
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mrs Ke Loy Keeney - Childrendle, Jack
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: SENTLE ARTERIC DUE TO	OSCLEROTIC NEPHROSCLEROSIS INTERVAL BETWEEN ONSET AND DEATH 15 yrs.
7		CARDIOVASCULAR DISEASE 20 vbs.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{D} \)
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour o. m. 19 20d. INJURY OCCURRED to twork 10 two	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from. 1935 alive on 15 December 1958, and that death ACTUAL SIGNATURE	n occurred ot 1:45 PM, from the couses and on the dote stated obove. ADDRESS (Street, city or town, stote) Liberty Road at Eldersburg 12/15/58
	PHYSICIAN'S Wm. H. Lawson, Jr., M.D.	Sykesville P.O., Maryland
	BURIAL, CREMATION, REMOVAL (Specify) 12-18-58 22c. NAME OF CEMETERY O	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FO 2 2 '58

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1357% CERTIFICATE OF DEATH

13565

		ide	344	CERTITIO	271	LOIDLA				Reg. D	ist. No		
1. 1	Carroll			MARYLANE	2.	o. STATE Maryla	Where deco	eased live	ed. If institution b. COUNTY			ore odmiss re Ci	
	RURAL ond give near Sykesvill	outside carporate limits, writest town)		of STAY IN 18	b	e. CITY OR TOWN (Baltimo	If autside c	arporote	limits, write R	URAL ond		arest fown)
	OR INSTITUTION	eld State Ho	eet oddress)			d. STREET ADDRESS							DENCE FARM? NO
	NAME OF DECEASED Type ar print)	First NELL, I		Middle BEATRIC	£	Lost DINBAR	4. DA	-	Mon De cembe		De	,	Yeor 1958
S. 5	ex Temale	White WIDO	ARRIED N			6-11-89		9. 4	GE (In years ast birthday) 69 yrs.	IF UNDE Months	R 1 YEAR	Haurs	R 24 HRS. Min.
100	. USUAL OCCUPATION during most of working Salesi		DELLA	BUSINESS OR IN	DUSTRY	Maryl		n count	γ)	12. C		S.A.	COUNTRY
13.	John Cl	ark Cawood	1		1.	Harrie		mes					
1S. [Yes		N U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL S	SECURITY NO. 17	. INFO	rmant lecords, S	pring	fiel	d State		pit	al	
	PART I. DEATH	E [Enter only one couse pe WAS CAUSED BY: WMEDIATE CAUSE (o) DUE TO		(b), ond (c).) pulmonar	y en	nbolism					INT	ERVAL BE SET AND Hour	DEATH
	Conditions, if ony, gave rise to imm cause (o), stoting the lying couse lost.	, which (b)	Thromb	ophlebit	is,	left leg						Days	
LIFICATION	Sc. ACCIDENT WAS	R SIGNIFICANT CONDITION Chizophrenic : UNDERLYING	reacti	on, para	noic		1123			EN IN PA	RT 1(a)	PERFO	AUTOPSY RMED? NO 🔀
MEDICAL CERTIFI	OR CONTRIBUTING [] (IF EITHER, NOTIFY MI 20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Year 20c		CCURRED 20e.		OF tNJURY (Home, fo , street, office bldg.,		City or t	awn)		(County)		(State)
	21. I certify that alive on Dece	lattended the december 11 19	ased from	March	7 , ith ac 2м.р.	curred at 7:15 Spri	PM, f ADDRES	ram th S (Street, 1d S	11, 1958 e causes a city or fown, tate Ho	nd on (stote) Ospit	the do	ite state	
	BURIAL, CREMATION, REMOVAL (Specify)	12-17-58	7	AME OF CEMETERY ORESS	OR CR	leaf	22d. LC	Sa	(City, town, o	11-	GNATU	(Stote	
1	Suther):	H. Hary	let.	Angle	orce	LE TABATO		158		hun S.	2 .		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 funeral director, D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a page 3 shauld the stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 site registrar priar to burial, crematian, ar remaval, and in any event within 77 fours after death. may be retained by the haspital ar attending physician. VS A1S (4) 1SM 9/SS

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VS A15 (4) 15M 9/SS

	133	CERTIFIC	ATE OF DEATH		Reg. Dist.	. No.
1. PLACE OF DEATH o. COUNTY C	arroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	and b. COUNTY	on Residence Montgo	before admission)
b. CITY OR TOWN (III RURAL and give ne Sykesvill	outside corporate limits, wri arest town)	oc. LENGTH OF STAY IN 16		pring, Route #		re negrest town)
OR INSTITUTION	AL (If not in hospitol, give str 1d State Hosp		d. STREET ADDRESS None			IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO
3. NAME OF DECEASED (Type or print)	John	William Middle	Duvall, Sr.	4. DATE Mon DEATH DECEMBE		30, Year 19 58
5. SEX Male	6. COLOR OR RACE 7. A	ARRIED MINISTER OF THE PARTY OF	July 24, 188	9. AGE (In yeors lost birthday)	Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
100. USUAL OCCUPATIO during most of work Farmer	ON (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stone of Maryland	r foreign country)		EN OF WHAT COUNTRY
13. FATHER'S NAME Edward Du	vall		14. MOTHER'S MAIDEN NA Katherine			
	R IN U. S. ARMED FORCES? If yes, give war or dates of service)		INFORMANT Springfield Ho	Addi spital Records		
PART 1. DEA 420.0 Conditions, if or	DUE TO	er line for (o), (b), ond (c).] Thrombophlebitis Arteriosclerotic		9		interval Between onset and Death Months: Years:
gove rise to in couse (a), stating lying cause lost. C.B. Par II, OTH	the under- CC (c)	NS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE CHOCLE	VEN IN PART I	I(o) 19. WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	ort I or Port II of item 18.)		YES A NO
Y 20c. TIME OF INJUR Hour a. m. p. m.	- w		LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)		(Co	unly) (Stote)
actual signature	ember 29, 1	Campo	M.D. Springfie	ember 30, 19 56 AM, from the couses of LODRESS (Street, city or town, ld Hospital e, Maryland	and an the	ist saw the decease date stated above DATE SIGNE 12/30/58
220. BURIAL, CREMATIO REMOVAL (Specify) 23. FUNERAL DIRECTOR	1/1/5	22c. NAME OF CEMETERY C	Cemetery 240 REC'D		or county)	(Stote) auglard
Ah/UITI	Nangel	in Daire	MA BATE JA	N 5 '59 C	ilus &	Home

Name of the same of the property of the same of the sa . . . The state of the s The second of President of the state of the state of

6		MAKTLAND SIA	IL DEPAKIME
3		13576	CERTIFICAT
	1. PLACE OF DEATH		

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla:	nd b. COUNTY	Washing	
RURAL and give nearest town)	7mos 28ds		tside corporate limits, write R	URAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Springfield State Hospital	TMOD LOUG	d. STREET ADDRESS	Mulberry St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Freda Dorthea G	Middle Fr	Lost GG	4. DATE Mon OF DEATH Dece m		Doy Year 29 19 58
5. SEX Female 6. COLOR OR RACE White Widowed		July 5, 1880	9. AGE (In yeors lost birthdoy) 78 yrs.	Months Doy	AR IF UNDER 24 HRS. s Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewate 13. FATHER'S NAME Tewrence forms (Gold)	USINESS OR INDUS	Penna. 14. MOTHER'S MAIDEN NA Caroline R	.ME		S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of service) NO		FORMANT Pringfield Hos	Addı	·ess	
33/X DUE TO	1 hemorrh			0	NTERVAL BETWEEN NSET AND DEATH Days
gove rise to immediate couse (a), stating the under-lying couse last. DUE TO	NG TO DEATH BUT N	rioscleresis NOT RELATED TO THE TERMIN With psychot	al disease condition giv		PERFORMED?
8		. (Enter noture of injury in Po		120	YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCI Hour o. m. While Not w ot work of work of work of ot work.	hile foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Count	(Stote)
21. I certify that I attended the deceased from alive on December 29, 1958, c	and that death	occurred at 9:44A	M, from the causes a DDRESS (Street, city or town,	and on the costote)	
PHYSICIAN'S Edmund Lusthaus, M	1.D.	Sykesville,	Maryland		
BREMOVAL (Specify) 12/31/58 Res		Cemetery	HAGERS to	wn	(Stote)
Pest/Annen Funcar/Chapet	4.4	1	BY REGISTRAR 246. REGIS	trar's signat	TURE aud

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si

page 3 should the registrar price

10R. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, letached for use as the burial-transit permit. Then please remove carbon papers. Pages I and filled with ta burial, cremation, ar remaval, and in any event within 72 hours after death.

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FOR STATE HEALTH DEPT.

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form PM3. File pages MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13568

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Carroll a. COUNTY b. COUNTY Md. Carroll MARYLAND b. CITY OR TOWN (It outson corporate limits, write RURAL c. IENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown Westminster R#3 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 00 YES NO ID 3. NAME OF Middle 4. DATE Month Year DECEASED Vera Hope Gamber 3. DEATH Dec. 58 (Type or print) 19 5. SEX Femal e 9. AGE (In yours 6. COLOR OR RACE 7. MARRIED THEYER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. White Dec. 2,1925 Months Hours WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) duri HOU Sewing even if retired) 12. CITIZEN OF WHAT COUNTRY? own home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C. Powell Bessie Unglesbee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 217-20-7341 Frank Gamber, Westminster, R#3, Md 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suicide by drowning IMMEDIATE CAUSE (o) DUE TO Depressive phycosis 3 months Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO DE YES 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) suicide by drowning 20c, TIME OF INJURY Month, Day, Year 10 10 10 A.M. 12/3/58 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) 10. factory, street, office bldg., etc.) Monocacy River Taneytown, Carroll. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry . and in my opinion deoth resulted fram: Natural causes , Accident , Suicide 👫 Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S R.S. McVagh. M.D. NAME (Type) FLOTING DEPUTY MEDICAL EXAMINER P 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REABUT TAT 12/6/58 Pine Grove Cemetery TY Mt A1 TY REGISTRAR 126 REGISTRARS 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reisterstown. Md. .Eline & Sons. DAREC Colling S. Traus

25 4 D V3. A15ME 5M 2/57

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Switel 19/6/69 | Pine Grove Cenetary Mr. 1ry, Corroll, Mr. J. M. Eline & Sons, Reisterstown, Md. Law

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VS A15 (4) 1SM 9/5S

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Route #2. Delware St. Extended YES | NO | Year December 19 58 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) · (State) . 19 58, to December 20 19 58, that I last sow the deceased olive on December 20 ..., 19 58 ..., and that death occurred at 1:40AM, from the causes and an the date stated above. DATE SIGNED Henryton State Hospital, Henryton, Md. (State) DATE C 2 9 '58

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HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be far arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DI COR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bay Health, or its designated agent, prior to burial, cremation, or remayal, and in any event-within 72 hours after death.

VS. AISME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13579

13570 Reg. Dist. No.

	o. COUNTY Carroll	MARYLAND	a. STATE Mary	land		Balti	
	b. CITY OR TOWN (It autiside corporate limits, write RURAL ond give nearest town) Sykesville (rural) 19y.4	of STAY IN 16 n.14d.	c. CITY OR TOWN (IF		rate limits, write		re neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streets Springfield State Hospital	eet address)	d. STREET ADDRESS 3439 Ever	hart S			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) EMMA	Middle	HARRIS	4. DATE OF DEATH	De cembe		Yeor 58
	5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER Female White WIDOWED 1 DI	MARRIED 8.	Unknown	9	AGE (In years lost birthday)	Months Day	AR IF UNDER 24 HRS. s Hours Min.
	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI during most of working life, even if retired) Housewife	NESS OR INDUSTR	Marylan	or foreign cou	ntry)		U.S.A.
	13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N Unknown				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ne, or unknown) (If yes, give war or dates of service)		romant ringfield Sta	ate Hos	Address pital R	cord	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronar; U 20, / DUE TO	y occlus:	i.on			C C	NTERVAL BETWEEN NISET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)						
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Involutional psychotic			NAL DISEASE	CONDITION GIV	EN IN PART 1(c	PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Y OCCURRED. (Er	iter noture of injury in Port	t or Fort II of	ifem 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU. Hour o, m. While Not we at work of work	hile facto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City o	r town)	(County)	(State)
	21. I certify that I took charge of the remains de opinion death esulted from: Natural causes			łomicide [pection K , , Undeter		DATE SIGNED
	EXAMINER'S James T. Marsh, M. D.		ASSISTANT MEDICAL E	XAMINER 🔼			90
	REMOVAL (Specify) 12. (9. J8)	F CEMETERY OR	nalow 190	2/	Bolt	imong	(State)
4	23. FUNERAL DIRECTOR'S, SIGNATURE ADDRESS THANK TO BE ADDRESS THANK TO BE ADDRESS TO SERVE THE ADDRESS TO SERVE TH	alle.	NIT DATE	ey REGISTRA		than's SIGNA	

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FOR STATE HEALTH DEPT. M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for prided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DISTORY: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 80 of Health, or its designated agent, prior to barial, cremation, ar removal, and in any event within 72 hours ofter death.

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VS. A15ME 5M 2/57

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MA	ARYLAND ST	TATE DEPAR	TMENT OF	HEALTH-	BALTIMORE,	18
13580	MEDICAL	EXAMINI	ER'S CERT	IFICATE	OF DEATH	

						K	teg. Dist. N	10.
PLACE OF DEATH				2. USUAL RESIDENCE				
	Carroll		MARYLAND	o. STATE Mary	land	b. COUNTY C	arrol	.1
b. CITY OR TOWN (if o and give negrest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		limits, write RUF	RAL and give	neorest town)
Mt.	Airy		37 yrs.	X Mt.	Airy			
d. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hos	pital, give street address)	M. M. M.	ain			e. IS RESIDENCE ON A FARM YES NOT
3. NAME OF DECEASED (Type or print)	PAULINE		Middle BELIE	HARRISON	4. DATE OF DEATH	Month	12	Year 19.55
5. SEX	6. COLOR OR RACE	- MARRIE	DE NEVER MARRIED B	. DATE OF BIRTH	9. At	A Links of my A	UNDER TYEAR	
female	white	WIDOWED	DIVORCED [10-9-1892		66 yrs. Mc	onths Doys	Hours Min.
during most of working housew	life, even if retired)	one 10b. K	ind of Business or Indust vn home	RY 11. BIRTHPLACE (Sien)	U.S	OF WHAT COUNT
3. FATHER'S NAME	Edward Cr			Martha Vi	NAME	Alexand		
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT		Address		
no no or unknown)	If yes, give wor or dates of te	rvice)	none B	. C. Harri	son. S	ame		
PART I. DEATH	ofe cause	0_	PANGULATI	00			ONS	REVAL BETWEEN SET AND DEATH MULLICLE
Š			ONTRIBUTING TO DEATH BUT N				IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
PRIMARY THE OF CONT CAUSE OF DEATH.	SE WAS TRIBUTING []	1	HOW INJURY OCCURRED. (E	inter nature of injury in Pa	ert I or Part II of ite	m 18.)		
20c. TIME OF INJURY	/ Month, Doy, Year /2-12 195	While	Not while fact	GE OF INJURY (Home, for dry, street, office bldg., et	im. 20f. (City or to	ing Ce	(County)	U Mis
21. I certify the	at I took charge	af the r	emains described abo	ve, held an Autop	sy , Inspe	ction X. I	nquiry 5	and in m
opinion death r	esulted from: N	atural c	auses . Accident [, Suicide 🗖	Homicide .	Undetermi	ned mann	er 🗌
ACTUAL SIGNATURE RULL	ula I. 1	Mar	ish	_M.D. CHIEF MEDICAL I	EXAMINER			DATE SIGNED
EXAMINER'S TA	MES T.	M	ars H	DEPUTY MEDICAL	L EXAMINER D		1,	2-12-5
20- BURIAL, CREMATION REMOVAL (Specify) BURTAT,	1, 226. DATE THEREOF		22c. NAME OF CEMETERY OR Pine Grov		Mt. A	(City, town, or co	_	(Stote)
23. FUNERAL DIRECTOR'S C. M. W	SIGNATURE		ADDRESS field. Marvl		DEC 1 5 '58	24b. REGISTRA	R'S SIGNATU	

0.00000 73.5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13581 CERTIFICATE OF DEATH

Reg. Dist. No. 13572

1.	PLACE OF DEATH	11		MARYL	AND 2.	USUAL RESIDENCE o. STATE Mary	(Where deceased	l lived. If instituti b. COUNTY	on, Residen Bal			ion)
	b. CITY OR TOWN (IF RURAL ond give ne	prest town)	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If autside carpo	rate limits, write R	URAL ond	ive nea	rest town)
L	Sykesv			15y., 25d.		Unknown	1.	3 V	01-4	4		
	OR INSTITUTION	AL (If not in hospital, g ringfield	arts.			d. STREET ADDRESS	S					FARM?
3.	NAME OF DECEASED (Type or print)	Fir WIL	LIAM	Middle GEOR	E	HIDDEN	4. DATE OF DEATH	Dece	mber	1700	y	Year 1958
5.	Male Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED		ATE OF BIRTH L-26-84		9. AGE (In years lost birthday) 74 yrs.	IF UNDER Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work on his life, even if retired	ione 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tote or fareign co	ountry)	12. CIT			COUNTRY
	Lab	orer				Mary	land			U.S	5. A.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDE	EN NAME					
	Rich	ard R. Hid	den			Katherine	e Agena					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO			Add				
	No	7 702, 970 1101 01 00100 01 3	,,,,,,		Re	cords, Spi	ringfiel	d State	Hospi	tal		
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Mar	ne for (o), (b), and (c).) ocardial in	farct	ion				INTE	RVAL BE	TWEEN
	420.0	DUE TO			10.21							
	Conditions, if on		Con	ronary thron	nbosis	3				I	Days	
	gave rise to im cause (a), stating t											
	lying cause last.	(c	Ar	teriosclero	tic h	eart disea	ase]	lears	5
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TE	ERMINAL DISEAS	CONDITION GIV	EN IN PAR	1(0)	PERECO	AUTOPSY RMED?
CATION		Manic dep	ress	ive reaction	ı, mai	nic type					YES [
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature af injury	in Part I ar Part	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m.	Manth, Day, Yes	20d. II While at war	Not while	0e. PLACE factory	OF INJURY (Hame, street, affice bldg.,	farm, 20f. (City etc.)	or town)	(0	county)		(State)
	21 I certify the	at Lattended the	deceas	ed from March	2 7	. 155 . 10	Decembe	r 17 1958	that I	ost so	w the	decenses
	glive on Dec	ember 17	195	8 and that o	leath ac	curred at 3:15	5 AM from	the couses of	and on the	e da	te state	ad above
	120	ant,	2 /	6				reet, city or town,		ic da		ATE SIGNED
1	ACTUAL SIGNATURE	walni c	tel	Chniko,	M D	Spi	ringfiel	d State	Hospi	tal	12-	-17-58
	PHYSICIAN'S	gustin del	Cam	00. M. D.		Syl	kesville	. Maryla	nd			
22	BURIAL, CREMATION REMOVAL (Specify)	Dec. 21	1958	22c. NAME OF CEMET		ematory emetery		TION (City, town,		Mi	(State	7.4
23.	FUNERAL DIRECTOR'S			ADDRESS			DEC 2 3 '5	RAR 24b. REGI	STRAR'S SIC	PLIAM	RE A	
1												

VS A15 (4) 15M 9/SS

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		ALL STATES OF THE STATES OF TH
Table College	C 11 10 25 C 12 C	
	Valence Department	Stranger State Sta

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

	Sykesville	Carroll Co	unty	MARYLA	100	o. STATE Marylar	nd	b. COUNTY	All		
	ELECTY OR TOWN (RURAL and give of Sykesvi		ts, write	c. LENGTH OF STAY IN 59y.7m. 24d.	16	c. CITY OR TOWN (If Cumber]	outside corpo	rote limits, write R	JRAL ond gi	ve nea	irest town)
	d. NAME OF HOSPI OR INSTITUTION Springii	TAL (If not in hospitol, gield State)	ive street Hosp:	ital		d. STREET ADDRESS					e, IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)		win	Middle		tost Hirsh	4. DATE OF DEATH	Mon De c	m cember	7	y Year 1958
5. 5	Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy) yrs.		YEAR Doys	Hours Min.
100	during most of war	ON (Give kind of wark king life, even if retired ON 6	dane 10b	KIND OF BUSINESS OR	INDUSTR	West Vi		ountry)		U.S	F WHAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Jose	eph Hirsh				Lina Ba	amberg	er			
	WAS DECEASED EVE s. no. or unknown) No	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFO	ords. Spring	gfield	State Ho		1	
	TIME AND ADDRESS.	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		line for (a), (b), ond (c).] Bronchopneum						INTE	ERVAL BETWEEN BET AND DEATH
	Canditions, if a	immediate ()	Acute renal	fail	ure				D	ays
7	lying couse last.	The <u>Under-</u>)	Urinary trac			INIAI DISSAS	F COLIDATION CO	Facility 0.4 D.		lays
CERTIFICATION	PAR II. OI	Mental de			n BUT NO	OF REDATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PAKI	1(0)	PERFORMED? YES NO
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port I ar Port	t II of item 1B.)			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Ye	While		De. PLACE factor	OF INJURY (Home, farm y, street, office bldg., etc	n, 20f. (City	or town)	(Ca	ounty)	(Stote)
	olive on Dec	hat I attended the cember 7	decea				PM, from	n the causes of treet, city or town,	ind on th	e da	DATE SIGNE
	PHYSICIAN'S NAME (Type)	gustin del	Camp	o enny	<u></u> м. с	··		State Ho		1	12-7-58
220	BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	0F 5-8	22c. NAME OF CEMET	LEC	REMATORY	22d. LOCA	TION (City, town,	or county)	7	(State)
23.	HALLES	S'S SIGNATURE	rge	- Vessele	ıla-	1/91/	'D BY REGIST		STRAR'S SIG	NATUI	RE

LUSSE CERTIFICATE OF DEATH
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and the second of the second o
The second secon

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	1.	358	3 CERT	IFICA	ATE OF DEAT	Н		Reg. Di	st. No		0 8 38	
1. PLACE OF DEAT o. COUNTY Carrol			MAI	RYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Where decease	ed lived. If instituti b. COUNTY			re admis	ision)	
b. CITY OR TOW	/N (If outside corporate lin	its, write	c. LENGTH OF STA	Y IN 1b								
Sykesy	ve nearest town)		2yrs,2mos	200		5-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0						
	SPITAL (If not in haspital.	give street	oddress)		d. STREET ADDRESS	Mer				e. IS RE	SIDENCE	
	field State	iospi:	ta7		R.F.D. #	3 7					A FARM?	
3. NAME OF		rst	Midd	e	Lost	4. DATE	Mon	46.	0.		Yeor	
(Type or print)	Marg	mat	Ermi			OF DEATH			Do	y		
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE	PIED C	Hughes B. DATE OF BIRTH		Decemb		1 YEAR	IF UND	19 58 DER 24 HRS.	
		WIDOWI	4.0				9. AGE (In years lost birthday)		Doys	Hours		
100. USUAL OCCUP	ATION (Give kind of work				12/5/77 STRY 11. BIRTHPLACE (Stol	te or foreign o	8] yrs.	12 CIT	IZENI C	DE MANA	T COUNTRY	
doring most of	working ine, even it retire	1)		OK 11100			Country				COUNTRI	
Housew			00		Marylan			U,	S.A			
					14. MOTHER'S MAIDEN		DE LES					
Willia	m H. Grumbiin	9		1	Margaret	E. 51	NOPE					
(Yes, no. or unknown)	EVER IN U. S. ARMED FO		SOCIAL SECURITY N	O. 17. II	NFORMANT		Add	ress				
	G 000		-	S	oringfield H	ospita	1 Records					
	DEATH [Enter only one o	ause per lin	ne far (a), (b), and (c).]						ERVAL BI	ETWEEN DEATH	
PART I.	DEATH WAS CAUSED BY: # IMMEDIATE CAUSE (Ar	terioscler	otic	cardiovascu	lar di	sease.			vear		
4000	DUE TO											
Conditions,	if ony, which)	1										
	o immediate DUE TO	,		0.1								
lying couse le		:)										
Z PART II.			ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 1	9. WAS	AUTOPSY	
5	assoc. with				bance, with					PERFC	DRMED?	
20a. ACCIDENT	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port Lor Por	t II of item 18.)	TOIL.		11.3	1 40 10	
OR CONTRIBUT	ING CAUSE OF DEATH				(,							
Z 20c. TIME OF IN		or 20d IN	NJURY OCCURRED	20a PL	CE OF INJURY (Home, far	205 (Cit		- 10				
Hour o.		While	Not while	fac	tory, street, office bldg., e	fc.)	y or town)	(C	aunty)		(Stote)	
¥ p.	m. 19	at war				1						
21. I certify	that I attended the	decease	ed fram9/2	28	, 19 <u>_56</u> , ta	12/1	, 195	Sthat I I	ast so	w the	deceased	
alive an	12/1	, 1/9/	58, and tha	t death	occurred at 10:0	Oa.M. frai	m the causes a	nd on th	e do	te stat	ed above	
(4-	11			ADDRESS (S	treet, city or town,	stote)			ATE SIGNED	
SIGNATURE	drund	uh	Mari	-	on Springf	teld S	tate Hosp	ital		12/1	158	
						/#####################################	**************************************	ALIAUT.			L-26	
PHYSICIAN'S NAME (Type)_	Edmund Lus	thaus	M.D.		Sykesvi	lle. M	arvland					
	TION, 226. DATE THERE		22c NAME OF CEN	AETERY-OI			TION (City, tawn, o	or county)		(Stat	(a)	
PEMOVAL (Spec		50	Wester	1101	a Present	1/1/	Anne	to		5	in D	
23. FUNERAL DIRECT	OR'S SIGNATURE	-0	ADDRESS	· ·	24- 060	C'D BY REGIS	TRAP 24h PECH	TRAR'S SIG	NATIE	F	61	
0-1	Marcha	8	lutation				A mark alls	TI - 0				

or manage and the later was a second discourse reward of \$12 a. e The state of the the state of the part of the state of the st And the man responsible beam are to be several and the California and another through the first of the california and the calif Street, and were the state of the souls. English and the second

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL-DIRECTOR'S SIGNATURE

M	13584 CERTIFICA	CATE OF DEATH Reg. Dis				
	1. PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Reside o. STATE Maryland b. COUNTY B	altimore			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Sykesville 2lyrs.5mos.1	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)			
15	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Springfield State Hospital	d. STREET ADDRESS S. Augusta Avenue	e. IS RESII ON A YES			
	3. NAME OF First Middle (Type or print) Nettie Regina	Johenning State Month December	Doy Y. 21, 1			
	5. SEX Female 6. COLOR OR RACE White WIDOWED DIVORCED	8. DATE OF BIRTH October 17, 1879 9. AGE (In years IF UNDE lost birthdoy) 79 yrs.				
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDU	449-74765	U.S.A.			
I)	Henry Johenning, Jr.	Catherine T. Gilchrist				
	(Yes, no or unknown) (If yes, give wor or dotes of service)	nformant Address ringfield Hospital Records				
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterioscleroti	c heart disease	INTERVAL BET ONSET AND I			
	Conditions, if ony, which) Generalized art	eriosclerosis	Years			

Edmund Lusthaus, M.D.

gove rise to immediate DUE TO couse (o), stoting the underlying couse lost Psychosis due to convulsive disorder, epileptic deterioration.

19. WAS AUTOPSY
PERFORMED? Bronchonneumonia YES NOTE 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Part II of item, 18.) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that I attended the deceased fram October 20, 19 54, to December 21, 19 58, that I last saw the deceased , 19, 58 , and that death accurred at 8:46P M, from the causes and an the date stated above. alive an December 21 ADDRESS (Street, city or town, stote) DATE SIGNED

22c. NAME OF CEMETERY OR GREMATORY

ADDRESS

Springfield State Hospital

22d. LOCATION (City/town or county)

24b. REGISTRAR'S SIGNATURE

Orthung & Kround

Sykesville, Maryland

240. REC'D BY REGISTRAR

DEC 2 9 58

13575

e. IS RESIDENCE ON A FARM? YES NO

> Yeor 1958

Residence before admission) Baltimore City

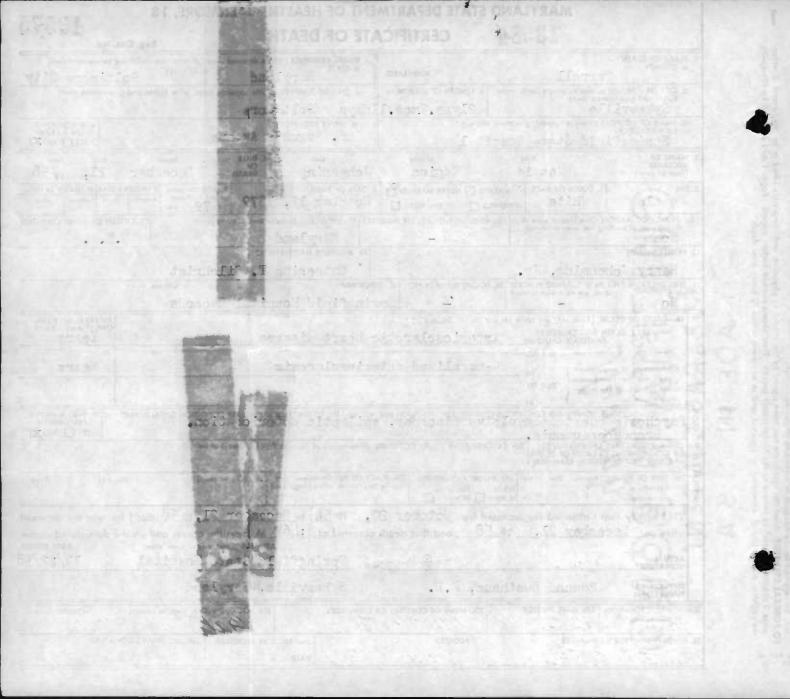
UNDER I YEAR IF UNDER 24 HRS. Doys

Hours 12. CITIZEN OF WHAT COUNTRY?

> INTERVAL BETWEEN ONSET AND DEATH Years

(Stote)

VS A15 (4) 15M 9/55



13576 13585 **CERTIFICATE OF DEATH** Reg. Dist. No.

directo led wi			PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
d be fi		Ь	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b NURAL and give hearest Jown)	c. CITY OR TOUN (If autside corporate limits, write RURAL and give nearest town)
	0.	9	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
d 2	90	6	Xing Vew Musery Home	228 (Stordwy YES NO NE
es lar		C	NAME OF DECEASED (Type or print) LINNIE / YaTherine	Lost 4. DATE Mains Day Year OF DEATH December 27 1958
campletely to papers. Pag		5. \$	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH. 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
pers	ė	10a.	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY VI. BIRIHPACE (State or foreign couptry) [12. CITIZEN OF WHAT COUNTRY
	0	10	during most of working life, even if retired)	Tennsylvania U.S.A.
carbon		13. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
physician mave car	1	15. 1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
e rem		[Yes,	is, no, or unknown] (If yes, give war or dates of service)	or level V. for day. Thrower to
leas leas			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
he of	Š		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Culleragolusel	e Carker Vasendy Osseal
by 1	X		Conditions, if any, which) (b) (Musici)	Try reaching.
perm t perm	5		gave rise to immediate code (o), stating the under-	
ransi	5	ATION	()	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
rial-tr	0	ICATI		PERFORMED? YES NO NO
the bu	5	L CER	200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
r use as		MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PI Hour a. m. p. m. 19 While Not while at work at work	ACE OF INJURY (Hame, farm. ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
ed fo	5		21. I certify that I attended the deceased from Cafril 2	9, 1955, taille 27, 1958, that I last saw the deceased
tache			alive an 1900 20, 19 00, and that death	accurred at SPM, from the causes and an the date stated above
•			ACTUAL SIGNATURE	ADDRESS (Street, city or town, stote) DATE SIGNED M.D. Hamber 12-27
shauld	5 /		PHYSICIAN'S COSKIPLE BUSH MI	D HAMPSTEAD Maryland.
page 3		22a.	REMOVAL (Specify) 226. DATE THEREOF 226 NAME OF CEMETERY C	PR CREMATORY 229. LOCATION (City, town, or county) (State)
-	3135	23. F	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Outland S. Phoses
15 (4) 9/55	ALV. N	1	STREET SUCKET FUMM	DATE DEG 3 0'58 arthur S. Troppe

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 more be relatived by the haspital or ottending physician.

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THE REAL PROPERTY.	
	The second secon
	The property of the state of the second seco
The state of the s	

o. STATE Maryland

Baltimore

MARYLAND

c. LENGTH OF STAY IN 16 6y.3m.15d.

Baltimore City

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carporote limits, write RURAL and give negrest tawn)

b. COUNTY

d be filed with	M

1. PLACE OF DEATH

b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Sykesville

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer deoth: Page 4

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		10			
i	-			ì	

5	OR INSTITUTION	gfield Sta				2 Gor	such Ave				ON A	FARM?
3.	NAME OF DECEASED	fin		Middle	11 04	Lost	4. DATE	Mon		Day		NO X
	(Type or print)	MARTHA EL				010711	DEATH	December	12	LVEAD		,58
3.	Female	6. COLOR OR RACE White	WIDOWED T	DIVORCED	_		68	9. AGE (in years lost birthday) 90 yrs.	Months	Days	Hours	Min.
10.	during most of worki Housew	N (Give kind of work d ng life, even if retired)	one 10b. KIND (OF BUSINESS OF	INDUSTRY 11. BIR		State or foreign o	ountry)	12. CI		WHAT	COUNTRY
13.	13. FATHER'S NAME Robert Porter					IER'S MAII	oline Loa	ar				
15. (Y)	WAS DECEASED EVER	IN U. S. ARMED FORG f yes, give war or dates of se		L SECURITY NO.	17. INFORMANT Recor	ds, S	pringfie	ald State		oital		
	PART I. DEAT	TH [Enter only one county one COUNTY ON THE CAUSED BY:	Antox		otic card	iovas	cular di	isease		INTE	Yeal Yeal	DEATH
	Conditions, if an gove rise to im couse (o), stoting the lying couse lost.	mediate (
CERTIFICATION	C.B.S. as	er significant cont tuberculo ssoc. With	senile	derately brain di	TH BUT NOT RELATE advance (Sease, Williams) CURRED. (Enter note)	thin	active.	reaction	/EN IN PAR	T 1(o) 19	PERFO	NO []
MEDICAL CER	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m., p. m.			OCCURRED :	20e. PLACE OF INJU foctory, street,	RY (Home office bldg	, form, 20f. (City	or town)	(County)		(Stole)
	21. I certify the alive on Dec	ember 12	deceased from, 19 <u>58</u> ,	_, and that	deoth occurred	ot 1:	45 AM, from	r 12, 19 56 in the causes of treet, city or town, State Ho	and an t	he dot	e state DA	d abave
1	1	Agustin de	* 1			Syk	esville,	Maryland	ì			
B	BURIAL, CREMATION	12/15/50 12/15/50	8 Fr	name of cements and shall be a second shall be a	p Meth.	Čhur	ch Fal.	Ilon Icity, Iown.	Mary.	land	(Stote)
0.	FUNERAL DIRECTOR'S	SIGNATURE 72.0	00 E.	DDRESS	2000 04	240	REC'D BY REGIST	TRAR 24b. REGI	STRAR'S SI	GNATUR	E	

. . . .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital an attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the first funeral director, page 3 show detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the filed with the registrar part to burial, cremation, ar removal, and in any event within 72 hours after death.

b		MENT OF HEALTH—BALTIMORE, 18 ATE OF DEATH Reg. Dir	13578				
10 Y	PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE b. COUNTY Harfo	ord				
03	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Henryton d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and of Harve de Grace d. STREET ADDRESS	IS RESIDENCE ON A FARM?				
3.	Henryton State Hospital NAME OF DECEASED (Type or print) Daniel Middle	Lost 4. DATE Month Of DEATH December	Doy Yeor 19 58				
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 6-22-1906 9. AGE (In years lef UNDER lost birthday) 52 yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.				
1	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	Middlesex, Maryland	U.S.A.				
1	Hezekiah Keys	14. MOTHER'S MAIDEN NAME Annie Keys?					
16	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dofe of service) 218-61-5327	Daniel Keys - Patient					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. Carcinoma of both DUE TO (b) Carcinoma of both Carcinoma of Carcinoma	th lungs					
) ACITA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO				
CEPTIE		IED. (Enter noture of injury in Port I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P White Not white of work all wark	PLACE OF INJURY (Hame, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	county) (State)				
	21. I certify that I attended the deceased from March 2 alive on Dec 11: 19 58, and that deat ACTUAL M. M. Cons law, M.D.	th occurred at 5:30 AM, from the causes and an th	ast saw the deceased ne date stated above. DATE SIGNED				
1	PHYSICIAN'S Edgars M. Maculans, M. D.	Henryton, Maryland					

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

24a. REC'D BY REGISTRAR

DAT DEC 2 4 '58

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

(Stote)

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF 12.19 . 58

23. FUNERAL DIRECTOR'S SIGNATURE

ALGE TO STATE OF THE PARTY OF T	ATE OF DEATH	133877 CERTING	
150 50	London Street		Mornal
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13588 CERTIFICATE OF DEATH

Reg. Dist. No. 13579

	1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b, COUNTY							
	Carroll			MARYLI	MD	Maryland Allegany							
	b. CITY OR TOWN (If RURAL and give ne	Foutside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF	autside carpo	rote limits, write RI	JRAL ond	give nea	rest town) - V	
_	Sykesvill					Westernport 0/43, 2							
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, g	ive street	oddress)		d. STREET ADDRESS e. IS RESIDE							
	Springfie	eld State H	ospi	tal							YES-		
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon	th	Day	Y	eor	
	(Type or print)	Harry		Eugene	3	Kooken	OF DEATH	Decem	ber 3		1	9 58	
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	0 8	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	
	Male White WIDOWED DIVORCED					6/23/03		55 yrs.		/-			
100	usual Occupation	N (Give kind of work of ing life, even if retired)	ione 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stote	e or foreign c	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY?	
10	lectrical			Jank		Maryland				U.S.	AT.		
	FATHER'S NAME	orano vin		1.000		14. MOTHER'S MAIDEN				0606			
	W. W.	1				Ethel C	Curridas						
15.	Warren Ko	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	Ethel C.	Silvagi	Addr	ess				
[Ye		If yes, give wor or dates of si	(rvice)	11 mb									
=	no			-VIPTURC	S	pringfield S	itate l	iospital	Recor				
	The state of the s		use per li	ne for (o), (b), and (c).]							RVAL BET		
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Act	ite thrombos	is	of the left	leg.				minutes		
	453.	DUE TO											
	Conditions, if on	ny, which) (b	Ber	ger's Disea	90					V	years.		
	gave rise to in	nmediate (Por p bires						1	OGIO	•	
	couse (o), stating t lying couse lost.	ne unger-											
z		FR SIGNIFICANT CON		CONTRIBUTING TO DEAT	LI DUT N	NOT RELATED TO THE TERM	UNIAL DICEAC	E COMPINION CIV	CA	14.110) MACA C. (LITORCY	
5	TARI II. OIII	EK SIGNIFICANT CON	01110143	CONTRIBUTING TO DEAT	7 801 1	NOT KELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAK	1(0) 17	PERFO	RMED?	
2				, other and							YES [NO 🔀	
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter noture of injury in	Port I or Por	t II of item 18.}					
¥	20c. TIME OF INJURY	f Month, Doy, Yes	r 20d II	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home, for	m 20f (Cits	or town)		ounty)		(Stote)	
MEDICAL	Hour a.m. p.m.	19	While at war	Not while	foct	ory, street, affice bldg., et	c.)	or rawing	,	.0011193		(31015)	
	21. I certify the	at I attended the	deceas	ed from 3/7		, 19.55, to	12/3	, 19 58	,that I	last sa	w the	deceased	
90,	alive on_ 12	/3/58	., 19_	, and that d	leath	occurred at 911	M, fran	n the causes a	nd an t	he dat	e state	d abave.	
	~	-	0/	1 i				treet, city or town,				TE SIGNED	
	ACTUAL OF	ninhin	UPU	11 miles		. Springfi	+2 6fa	ate Hospi	+-7	12	12/5	d	
	SIGNATURE CO			Carry -		·n· · Mina-parigane	2747 FEB	erae-Iroshi	- LIBLE		12/2	9	
	PHYSICIAN'S ME (Type)	ustin delCa	ampo,	M.D.		Sykesvil	le, Ma	ryland					
220	BURIAL, CREMATION	N. 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town, a	r county)		(Stote)	
Z	PUNCAL (Specify)	12-6	-58	This!	016		Til	derano	et.	9	ul		
23.	FUNERAL DIRECTOR'S	SIGNATURE	. /	ADDRESS	/	1 4 / 240. REC	D BY REGIST		TRAR'S SIC	SNATUR	E		
2	Uldlock	Huneral.	Hom	~ Tielle	non	IW- COATE	DEC 8	'58 ' C	Irthur .	8. th	altA.		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13589 CERTIFICATE OF DEATH

13580

	200						Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY Ca	erroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Frederick							
b. CITY OR TOWN (IF RURAL ond give ned Sykesvil		c. LENGTH OF STAY IN 16 Lyr. 10mos. 126	The state of the s							
d. NAME OF HOSPITA OR INSTITUTION Springfile	AL (If not in hospital, give structured State Hospital)	not address)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO X		
3. NAME OF DECEASED (Type or print)	Florence	Middle Andrews:	Lipps:		4. DATE OF DEATH	Decemb		Day 23,	Yeor 1958	
5. SEX Female	7.73. 0.1	ARRIED NEVER MARRIED DOWED TO DIVORCED	B. DATE OF BIRTH	, 188	0	9. AGE (In years last birthdoy)			NDER 24 HRS.	
10a. USUAL OCCUPATIOn during most of working Housewife	N (Give kind of work done 1 ing life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	WEST TO STATE	r foreign c			CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Charles A	ndrews		14. MOTHER'S							
15. WAS DECEASED EVER			INFORMANT Springfie			1 Records				
PART I. DEAT	DUE TO	Arteriosclerotic			е			Year		
Canditians, if an gave rise to im couse (a), stoting the lying cause last.	mediate (D)	Generalized arte	erroscrer	0515				Year	5.	
5 brain dise	ease with psy	IS CONTRIBUTING TO DEATH BUT OF THE TRADELISM, BY Chotic reaction. DESCRIBE HOW INJURY OCCURRE	•				1 PART		AS AUTOPSY REORMED?	
20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A Hour o. m.	Month, Doy, Year 20c	I. INJURY OCCURRED 20e. PL	ACE OF INJURY (H ctory, street, office	ome, form,	20f. (City		(C	ounty)	(Stote)	
21. I certify the	ember 22,	ased from February	accurred at_	7:00A	M, fran	23, 1958 in the causes arete, city or town, stee Hospit	nd an th	ast saw the date sta	ated abave. DATE SIGNED	
PHYSICIAN'S NAME (Type)	Edmund Lust			ville	, Mar	yland				
220. BURIAL, CREMATION REMOVAL (Specify)	12-27-58	Mount Olivet				rick, Mai		d (S	itote)	
23. FUNERAL DIRECTOR'S M. R. Etch:	SIGNATURE ison & Son, F	ADDRESS rederick, Maryla	and	240. REC'D	BY REGIST		TRAR'S SIG			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIP OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 sthe registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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Chiange raying and	of the second		
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			AND

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

	MARYLAND 13590		NENT OF HEALTH—BA ATE OF DEATH			
1. PLACE OF DEATH o. COUNTY CAPPO	//	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary	here decease		
b. CITY OR TOWN (If outside RURAL and give negres) to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp		
d. NAME OF HOSPITAL (IF NO OR INSTITUTION		oddress)	d. STREET ADDRESS	1AIT		
3. NAME OF DECEASED (Type or print)	MAMIE MAMIE	Middle GRAY	Lippy	4. DATE OF DEATH		
S. SEX 6. CO	LOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	December 2	1873		
100. USUAL OCCUPATION (Give during most of working life,	e kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign		

16. SOCIAL SECURITY NO.

TIMORE, 18 13581 Rea. Dist. No. d lived. If institution, Residence before admission) b. COUNTY rote limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Year Day 195 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Days 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 15 20f. (City or town) (County) (Stote) _____, 19_4 0 that I last saw the deceased DATE SIGNED 22d LOCATION (City, town, or county) (Stote)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO carse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour o. m While Not while of work all work p. m 21. I certify that I attended the deceased fram, and that death accurred at 5.5 %. M, from the causes and an the date stated above. ACTUAL SIGNATUR 22d BURAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/SS

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VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13591 CERTIFICATE OF DEATH

13582 Reg. Dist. No.

	PLACE OF DEATH COUNTY Carroll	MARYLAND	o. SIAIE Mar	ere deceased lived. If institution b. COUNTY	Balto	City
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16 2yrs.7mos.9day		utside corporate limits, write R		VOI, L
	d. NAME OF HOSPITAL (If not in hospitol, give street Springfield State Hospit	oddress)	d. STREET ADDRESS 2325 E. Fa	yette St.		e. IS RESIDENCE ON A FARM? YES NO
L		Katherine Rauk	Luckert	4. DATE Mon	_	L9 Year 1958
	Female 6. COLOR OR RACE 7. MARK	ED A DIVORCED	April 5, 1886	1 - /		PAR IF UNDER 24 HR
L	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUS	Maryland			S.A.
13.	FATHER'S NAME John Rauh		14. MOTHER'S MAIDEN N			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IF	Mary Kru	lger Add		
IYe	No. or unknown] [If yes, give wor or dates of service]			espital Records		
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)					INTERVAL BETWEEN ONSET AND DEATH LOSTS
7	gove rise to immediate cause (a), stoting the <u>under-lying cause lost.</u>	onchopneumonia				Days
MEDICAL CERTIFICATION	C.B.S. assoc. with brain to a conditions of the	CRIBE HOW INJURY OCCURRED			On.	19. WAS AUTOPSY PERFORMED? YES NO
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CKIPE HOAA HAYOKA OCCORREC	. (Enter noture of injury in P	arr i or rarr ii or item 18.j		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN While p. m. 19	Not while fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(Cou	nty) (State
	ACTUAL SIGNATURE Edward Liveth one	sthan,	accurred at3:36 A	ember 19, 19 50 M, from the causes a ADDRESS (Street, city or town, and Hospital	nd on the	t saw the deceas date stated abov DATE SIGN 12/19/58
-	TOTAL (1990)			e, Maryland		
-	BURIAL (Specify) 12 22 58	HOLY REDE	EMER CEM.	22d. LOCATION (City, town, o	or county)	(Stote)
23.	Hartley Willer 2	ADDRESS 334 Wherse	00		Thur S. H	
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VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
AIL I BAILD	JIAIL	DEI ARIMEITI	VI	HEALIH-	-DALIIMOKE,	10

13593 CERTIFICATE OF DEATH

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13584

- 2			
	1. PLACE OF DEATH CARROL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARY LAND b. COUNTY CARE	before admission)
Ī	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
L	RUPAL - WESTMINSTER	X RUPAL - WESTMIN	ISTER
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) RENE LORRAINE	MCLEMORE 4. DATE Month OF DEATH DEC	Day Year 8 1958
	5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	APR 13, 1898 lost birthdoy) Months Do	EAR IF UNDER 24 HRS. ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE HOUSE WIFE	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE New YORK, N. Y. 7	N OF WHAT COUNTRY?
1	Herbert Bell	14. MOTHER'S MAIDEN NAME Ida GREEN.	
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	(If yes, give wor or dates of service) 090-07-299# #	PAUL RAY MeleMare WesTMINISTE	ER ROHM
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
	170 X DUE TO		
	Conditions, if any, which) (b) CEREBRA	L CARCINOMA METASTATIC	
	gove rise to immediate couse (a), stating the under-	A DE RIGHT BREAST	8 MO.
) (3)		
	VALVULAR HEART	DISEASE	PERFORMED? YES NO X
		ED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. Pp. m. 19 While of work 19 of work 19	LACE OF INJURY (Home, form, 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (Stote)
1	21. I certify that I attended the deceased fram. MAY 9	1958, to DEC 161958, that I las	saw the deceased
1	alive an DEC 16, 1958, and that death	occurred at 3 AM, from the causes and an the	date stated above.
1	ACTUAL DOROLD & WITHOUT	ADDRESS (Street, city or town, stote)	DATE SIGNED
Т	SIGNATURE MARKE C WITHER	M.D. 205 E. WALNUT ST.	12/19/58
	PHYSICIAN'S DONALD E. WITHERS, M	1D HANDUER, PA.	/
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 12/20/58		(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	ULLICA.
	J. 2. Mujera h. lotstmenster,	DATEC 2 2 '58	NONE.

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VS A1S (4) 1SM 9/SS

10.00		ATE OF DEATH Reg. Dist	. No.13585
M	1. PLACE OF DEATH a. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Garr	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Sykesville c. LENGTH OF STAY IN 1b 2yrs.lmos.6day	c. CITY OR TOWN (If outside corporate limits, write RURAL ond gi	ve nearest town)
15	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springfield State Hospital	d. STREET ADDRESS None	o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle Middle (Type or print) Annie Frances Miller	Michaels 4. DATE Month December	23, Yeor 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIS Unknown	U.S.A.
1	Noah Miller	14. MOTHER'S MAIDEN NAME Mary Kyles:	
5		NFORMANT Address Springfield Hospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic	c heart disease	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stoling the under-	eriosclerosis	Years
0	Ving cause lost. (c) C.B. St. D. OHER SIGNATURE CONTRIBUTIONS	ontharpionarthan on an ion isbutton pri	19. WAS AUTOPSY PERFORMED? YES NOTE
		D. (Enter noture of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o, m. p. m. 19 at wark of wark	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (Co	ounty) (State)
1	21. I certify that I attended the deceased from August 17 alive on December 22, 1958, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Edmund Lusthaus, M.D.	accurred at 6:00 A.M., from the causes and an the ADDRESS (Street, city or town, stole) Sykesville, Maryland	ast saw the decease e date stated abov DATE SIGNE 12/23/58
	Page (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OF		(Spate)
			NIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18 LUCAN CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13586

13595 CERTIFICATE OF DEATH

Reg. Dist. No.

		100	U U					HON. DIS		
1. PLACE OF DEATH	rroll		MARYL	AND	2. USUAL RESIDENCE (WI o. STATE Mary]		B lived. If institution b. COUNTY		e Geo	
b. CITY OR TOWN (I	f outside carporate limi	ts, write	c. LENGTH OF STAY IN	ν 1ь	c. CITY OR TOWN (IF		rate limits, write R			
RURAL and give no			913 days		Laure	.7	1/	111	2	
Henryto	AL (If not in hospital, g	ive street	A		d. STREET ADDRESS	3 .L.	7 6	41.	PC In It	S RESIDENCE
OR INSTITUTION										ON A FARM?
	Henryton S				616 10	_	reet			ES NO K
3. NAME OF DECEASED (Type or print)	Joseph		Alphonz		Nicholson	4. DATE OF DEATH	Dece	ember	28	Year 1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED TO NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
Male	Negro	WIDOW	ED DIVORCED		2-3-1910		last birthday)	Months	Days H	aurs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11, BIRTHPLACE (State	or foreign co		12. CIT	ZEN OF V	VHAT COUNTRY?
during most of work	ing life, even if retired)			Laurel	Mare	rl and	T	J.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN I		y Land		1000	•
	ham Wish 7	200								
	ham Nichol		COCIAL OFCUDITY LIS	17 1411	Laura	периг	Ω Add			
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)		I/. INI						
No		7	05-07-7572		Joseph Alpho	onza N	icholson	- Pa	tient	5
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which mediate)		elli	r Accident tis and Alco			losis	ONSET	AL BETWEEN AND DEATH
VOLUME TO SERVICE TO S			CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV		1(a) 19. V	WAS AUTOPSY PERFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	200. 003	CRIBE HOW MOOK! OC	CORRED.	(ciner notore of injory in	7011 107 101				
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye 19	While	NJURY OCCURRED Not while at work	lOe. PLAC	E OF INJURY (Hame, farm cry, street, affice bldg., etc	n, 20f. (City :.)	ar tawn)	(0	County)	(State)
actual signature physician's NAME (Type) Dr	ember 28 M. M. Edgars M IN. 22b. DATE THEREC	., 19_	_ ′	death (Henryton S	M, from ADDRESS (SE lenryt	n the causes of treet, city or town, on, Mary	and on the stote) Land Henr	ne date	stated abave. DATE SIGNED 12-28-58
23. FUNERAL DIRECTOR	3000 31	1/58	Blcon	2 (- hapel	D.BY REGIST	ne an	strakistsic	el a	Sol

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TO SEASON OF THE AREA		CONTRACT CONTRACTOR
William Problems according to the Book		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13596 CERTIFICATE OF DEATH

13588

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1. PLACE OF o. COUNT					MARYL	AND	2. USUAL RESI	Jaryla		d tived. If in b. CO		on: Reside		re admis	ian)
		Iside corporale limi	ts, write	c. LENG	TH OF STAY I	N 1b		The second second	outside corpo	rote limits, w	rite R		<u> </u>	rest town	n) V
400 40	ond give neare	st town;		1	m 21 d	lays	Ba	ltimo	re 18.	Md.		3 V	101	- 4	
d. NAME		(If not in hospital, g	ive street	oddress)			d. STREET A			A 10-10				e. IS RES	
		State H	osnii	ta7			709 T	Re7#i	an Ave	nne					NO T
3. NAME OF		Fir			Middle		los		4. DATE	1100	Mon	th	Do	у	Year
(Type or p		Har	7977		W.		Pomar	110	OF DEATH		2		72		188
S. SEX	6.	COLOR OR RACE	1.00	RIED N	EVER MARRIE		B. DATE OF BIRTI			9. AGE (In	rears		RIYEAR		R 24 HRS.
M		W	WIDOW	/ED 🔛	DIVORCED		10-7-	-71		last birth	yrs.	Months	Doys	Hours	Min.
100. USUAL C	CCUPATION	Give kind of work	done 10b	KIND OF	BUSINESS OF	INDUS	TRY 11. BIRTHPE	ACE (Stote	or foreign c			12. C	TIZEN O	F WHAT	COUNTRY?
	ographe	life, even if retired	,					New 1	York				U.S.	Α.	
13. FATHER'S					VIS A	7-	14. MOTHER'S					-		-	
Ph	ilip Po	merius					Johan	nna							
15. WAS DEC	EASED EVER IN	U. S. ARMED FOR		. SOCIAL S	ECURITY NO.	17. IN	FORMANT	22.204			Addr	ess			
(Yes, no. or unkn	own) (If y	rs, give war or dates of s	ervice)	un	lm	9	S Hosit	al R	ehrane						
	SE OF DEATH	[Enter only one co	use per l				ao mona	76.1. 200	Jouran				LINTE	RVAL BE	TWEEN
	ART I. DEATH	WAS CAUSED BY:			nchopne	anno	กร้อ						ONS	ET AND	DEATH
119	/ X	MEDIATE CAUSE (o		DIO	Hellopite	o unito	11110						-	lays	
Condit	ions, if ony,	uchiah)													
gove r	ise to imm	ediate (
), stating the	under-													
Z P	ART II. OTHER	SIGNIFICANT CON	DITIONS	CONTRIBU	TING TO DEA	TH BUT I	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITIO	N GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
E C.B	S. ass	erotic ca	ce	rebra	larte	rios	cler. w	th p	sych.	reacti	.on				RMED?
20o. ACC		INDERLYING [20b. DES	SCRIBE HO	W INJURY OC	CURRED	Ininary (Enter noture o	f injury in	Port I or Par	Il of item 1	B.)				
C.B. Arte	RIBUTING []	INDERLYING CAUSE OF DEATH DICAL EXAMINER)													
N 20c. TIME	OF INJURY	Month, Day, Ye	or 20d.	INJURY O	CCURRED :		CE OF INJURY (or town)			(Counly)		(State)
20c. TIME	p. m.	19	While of wo		while vork	foct	lory, street, office	bldg., etc	:.)						
		1 11 11				7_ 2	2-, 1958		72-	12-1	50				
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alive a	n	2162	19	0,2	and that	death	accurred at		M, from ADDRESS (Si				the da		ed abave. Ate signed
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SIGNATU	RE qu	ung !				^	do. Spri	igile.	Id Sta	te hos	pl	cal			15-17-
PHYSICIA NAME (T	N'S		Side -	1/ D			0 1		. 30	7 2					
		and Lusths 226. DATE THEREO		122- 11	AME OF CEME	TERY OF		Will.	a, Mar	y land. NON (City, t					
REMOVA	L (Specify)									altimo		or county)	Mon	(Stot	
Bu 23. FUNERAL	rial	Dec. 16,	1958		DRESS	56 6	emetery	240 PEC				TRAR'S S		W.	10
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WILL	Tam Coc	ok, Inc.	TYT	/ Dt.	Paul S	otre	et	DATE							

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4000	CERTIFICATE	OF	DEATH

13589

			350	97	CERTIFIC	AII	E OF DEA	III			Reg. D	ist. No.	100	
	1. PLACE OF DEATH						USUAL RESIDENCE	(Whe	re deceased		on: Reside	nce befo	re admiss	sion)
	Carr	oll			MARYLAND		Maryla	nd		b. COUNTY	Car	roll		
	b. CITY OR TOWN (RURAL and give n	(If outside corporate limi	ts, write		H OF STAY IN 16	1.	c. CITY OR TOWN	(If ou	side corpo	rate limits, write R	URAL and	give nec	rest town	1)
	Sykesv			ly.5m	1.13d.	1)	Sykes	vi:	lle					
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		1	d. STREET ADDRESS							FARM?
				ltal		11			-				YES _	NO [X]
	3. NAME OF DECEASED (Type or print)	Fir HE	" RSCHE	CL	Middle		REED		4. DATE OF DEATH	Decer		2	•	Year 19 58
	5. SEX Male	6. COLOR OR RACE White	7. MARR		VER MARRIED	8. D	5-7-83			9. AGE (In years lost birthday) 75 yrs.	Months	Days	Hours	R 24 HRS. Min.
	100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF B	SUSINESS OR IND	USTRY	11. BIRTHPLACE (SI	ote o	foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	B & (king life, even if retired of Agent	1	40-	A K		Mary	la	nd			U.S	S. A.	
Ì	13. FATHER'S NAME					14	MOTHER'S MAIDE	N NA	ME					
	John I	Reed					Marv	E1:	izabe	th Harris	3			
		ER IN U. S. ARMED FOR		SOCIAL SE	CURITY NO. 17.	INFO	RMANT			Addi				
	No No	[If yes, give wor or dates of s	ervice	Um	R. R	eco	rds, Spri	ng	field	State Ho	ospit	al		
	18. CAUSE OF DE	ATH [Enter only one co	use per lir	ne for (a), (V						INT	ERVAL BE	TWEEN
		ATH WAS CAUSED BY					rdiovascu	70	r die	0250		ONS	ears	
	422	IMMEDIATE CAUSE (6		<u> </u>	CTELOOTC	, Ça	1 ULUV abcu	JL CI	L U.LS	case			6915	>
	Conditions, if a	ony, which) (b	,	Gener	alized a	rte	riosclero	\$1:	3			Y	ears	3
	gave rise to i	mmediate (,											45,500
	lying couse last.	(c)						20.00					
	PART II. OT	HER SIGNIFICANT CON										RT 1(o) 1	9. WAS	AUTOPSY PRMED?
2	Z PART II. OT Chronic l	orain syndr arteriosci AS UNDERLYING	ome a	SSOCI	ated wit	h	riculator	y o	distu	rbance, v	vith			NO TO
-	E 20g. ACCIDENT W.	AS UNDERLYING	20b. DESC	CRIBE HOW	INJURY OCCURR	ED. (E	nter nature of injury	in Po	ert I or Port	Il of item 18.)	OHLA			
		MEDICAL EXAMINER	49	1%										
ı	Y 20c. TIME OF INJUI Hour o. m.	RY Month, Day, Yes		NJURY OCC		LACE	OF INJURY (Home, f	arm,	20f. (City	or town)		(County)		(Stote)
	Hour o.m.	19	While of world	Not w	411116	ucioiy,	street, office blug.,	etc.j						
	21. I certify t	hat I attended the	decease	ed from	June 1	9	1957 to	De	cembe	r 2, 1958	that I	last so	w the	decensed
		December 2	195			h ac	curred at 8:14	5 A	M. fran	n the causes o	nd on	he da	te stati	ed abave
			Λ.	00	h					reet, city or town,				ATE SIGNED
/	ACTUAL	grushy	del	1 6	unfo	_ M.D.	S	pr:	ingfi	eld State	Hos	pita	1	++
	PHYSICIAN'S NAME (Type)	Agustin de	1 Cam	po, M	1. D.		S	yk	esvil	le, Mary	Land			
	220. BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAA	AE OF CEMETERY	OR CR	EMATORY	1	nd rocks	MON (City, town, o	or county)	10	(Stol	e) /
	Trustel	1/2-2-	28	170	Tyres	1		6	LAKLA	2 - 100	wald	13.	10	di.
	23. FUNERAL DIRECTOR	S SIGNATURE	10	ADBI	ress of	4	24g. R	EC'D	RY REGIST	2 500 500	TRAR'S SI	1111		
	Mulan.	14. JAM.	(·	1019	MARINA	0 /	DATE	שום	. O	00	Chounty,	a. 1W	out/of	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 uneral director, may be retained by the haspital ar attending physician.

TO FUNERAL DIPPOTOR: After this certificate has been signed by the attending physicion and campletely filled in by page 3 shauld that the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within, 72 hours after death. VS A15 (4) 15M 9/SS

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VS A1S (4) 1SM 9/S5

s that the death certificate be executed within 24 haurs after death. Page 4	d by the attending physician and campletely filled in by the funeral director, nit. Then please remove carbon papers. Pages I and 2 d be filed with	
within 24 hau	letely filled in s. Pages I and	
te be executed	ian and camplication	ofter death.
leath certifica	ending physic	thin 72 hours
s that the c	d by the off	inv event w

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13598 CERTIFICATE OF DEATH

13590

								Made Mis	11, 140,	
1. PLACE OF DEATH o. COUNTY C	arroll		MARYLAND	2. USUAL RES		here deceased	lived. If instituti b. COUNTY		te before oc	
b. CITY OR TOWN	(If outside corporate timi	s, write	c. LENGTH OF STAY IN 16	c. CfTY OR			ote limits, write F			
RURAL ond give		2 2	922 days		Dund			53.2		
d. NAME OF HOSP OR INSTITUTION		ive street	oddress)	d. STREET		alk	00.) J. de	e. tS	RESIDENCE N A FARM?
	Henryton St	tate	Hospital		303	Tompki	ns Cour	t		NO D
3. NAME OF DECEASED (Type or print)	Fir	seph	Middle N	Rie		4. DATE OF DEATH	Mor		Day	Yeor
S. SEX			HED NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years		29 LYEAR IF U	19 58 NDER 24 HRS.
Male		WIDOW					lost birthdoy)		Days Ho	
	Negro		KIND OF BUSINESS OR INDI	March				12 (17)	TENI OF W	HAT COUNTR
during most of wo	rking life, even if retired	Jone 105.	Unknown			ld, S.		15.	U.S.A	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
	Henry Ric	e		Bea	atric	e Cole	man			
15. WAS DECEASEDEV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
No	(If yes, give war or dates of se		218-07-3556	Joseph	N. R	ice -	Patient			
Conditions, if gave rise to cause (o), stating lying cause lost Part If. Of	the <u>under-</u> DUE TO)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	IINAL DISEASE	CONDITION GIV	/EN IN PART	PE	RFORMED?
(IF ETHER, NOTIF	AS UNDERLYING DEATH GONE CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in	Port I or Port	II of item 18.)		YES	NO
	19	While of war	Not while for ot work	LACE OF INJURY I actory, street, offic	e bldg., etc	c.)			ounty)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	E. M. Macu	., 195	ed from June 2 18, and that deot 19, M. D.	h occurred at	1:20 Hen	AM, from ADDRESS (Sirryton,		ond an th state) nd	e date s	
	SHIP 226. DATE THEREO	7	22c. NAME OF CEMETERY Comely	OR CREMATORY		22d. JOCKI	City, toyto,	or county	6	Stote)
23. FUNERAL DIRECTO	Pinera	l Ho	me 1631han	Attolor	24a. REC	D BY REGISTE		STRAR'S SIG		

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

		135	gg CEKI	IFICA	ATE OF DEA			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	rroll		MAI	RYLAND	2. USUAL RESIDENCE o. STATE Marylan	(Where deceased	b. COUNTY	Mont			ion)
RURAL and give		its, write	c. LENGTH OF STA		c. CITY OR TOWN	-	rote limits, write R	URAL end	give nec	rest town	٦)
OR INSTITUTION	ITAL (If not in haspital, a		oddress)	lys .	d. STREET ADDRES		le.	3/,	1, 2	e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	Fi	rsi ELEN	Midd VEKE		tost ROSS	4. DATE OF DEATH	Man Dece	mber	Do	у	Year 1958
s. sex Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARI		B. DATE OF BIRTH	1872	9. AGE (In years last birthday)	IF UNDER	Days		
100. USUAL OCCUPAT during most of wa Proof R	ION (Give kind of work rking life, even if retired eader	done 10b	KIND OF PUSIVESS	OR INDUS	TRY 11. BIRTHPLACE (S	state or foreign co	Tio-	12. CI		S.A.	COUNTRY
13. FATHER'S NAME		41.00		170	14. MOTHER'S MAID	EN NAME					
	Thomas Ross	5			Hel	en					
IS. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dotes of t	RCES? 16.	SOCIAL SECURITY N		Records, Sp.	ringfiel	d State		t.al		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ac	ne for (a), (b), and (course renal	:).]					INT	Days	DEATH
Conditions, if gove rise to	immediate (ur Ur	inary tra	ct in	fection					Days	3
lying cause last	. (c)(:						19			
Acute by Diabete 200. Accident will be contribution (if either, notif	rein syndro s mellitus	me as	SOCIATED	with	metabolic of	erminal diseasi disturbai	condition given ce (uren	EN IN PAR	T 1(o) 1	9. WAS PERFO YES [AUTOPSY ORMED?
	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED). (Enter nature of injury	y in Part I ar Part	111 of item 18.)				
20c, TIME OF INJU Haur a.m. p. m.		ar 20d. It While at wor	Nat while		CE OF INJURY (Home, tary, street, office bldg.		or tawn)	(1	County)		(State)
21. I certify to olive on Dec	hot I offended the	decease 195			occurred of 1:00	ADDRESS (SI	n the causes a treet, city or town,	ind on t state)	he do	te stote	ed obove
SIGNATURE	Agustin del	Camp	o I	10			Marylan		al	12-	11-58
220. BURIAL, CREMATI BREMOVAL (Society	ON, 226. DATE THEREO	1958	GEORGE	11/1	CREMATORY CEM	22d, LOCAT	Ka, AVAT	TSVIL	us .	(Stat	ที่ก
23 SHIVERAL BIRECTO	R'S/SIGNIATURE	4 =	ADDRESS L	UASH	1/2, D.C - 240.	REC'D BY REGIST	RAR 24b REGIS	STRAR'S SI	GNATU	E	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18 TEESOS CERTIFICATE OF DEATH CHANTENIA,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13592

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ornal MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore. IRPAVI 3V01-4 d. NAME OF HOSPIPAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Pullen Nursing Home Southern 7 YES | NO DXX NAME OF First Middle 4. DATE Year (Type or print) DEATH Jecember 22nd mma 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days WIDOWED DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ermani Touseme Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2900 Southern Ave. la Wortham, 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m While Nat while of work of work p. m. 1958 that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 11:30 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stole ACTUAL PHYSICIAN'S NAME (Type) Howard 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL, (Speqify) 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



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		360	01 CERTIFIC	ATI	OF DEATH			Rog. Dis	t. No.	
1. PLACE OF DEATH					USUAL RESIDENCE (Who	ere decease		nı Residenc	e before oc	Imission)
	Carroll		MARYLAND		Maryla	ind	b. COUNTY	rince	Geor	gets
b. CITY OR TOWN RURAL and give	(If outside corporate lim	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If or	utside corpo	rote limits, write RL	JRAL and g	ive negrest	lown)
	ille(Rural)		28 y. 8 m. 5	d.	Unk	nown	1	6x.	- 20	
d. NAME OF HOSP	ITAL (If not in hospital,	give street	address)		d. STREET ADDRESS				e. 15	RESIDENCE
	field State	Hos	pital		Unk	nown				N A FARM?
3. NAME OF	Fi	st	Middle		Lost	4. DATE	Mont	h	Day	Year
(Type or print)	Mar	v	V		Sessums	OF DEATH	Decen	ber	12.	1958
. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		TE OF BIRTH		9. AGE (In years lost birthday)			
Female	White	WIDOW		.,	une 16, 189	7	lost birthday) 67 yrs.	Months	Days Ho	urs Min.
00. USUAL OCCUPATI	ION (Give kind of work	done 10b	KIND OF BUSINESS OR IND					12. CITI	ZEN OF W	HAT COUNTRY
Housew	rking life, even if retired)			Virgi	nia			U.S.A	
3. FATHER'S NAME				14	MOTHER'S MAIDEN N				UNDAN	•
	Edwin H. R	USSA	11			Marror	Boyd			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR			INFOR	MANT	rioir A	Addr	053		
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)		Sn	ringfield S	toto	Waani tal	Dagan	-3	
	ATM [Enter only one of		ine for (o), (b), and (c).]	00	Lingingond D	UR UE	HOSPICAL	recor		
	ATH WAS CAUSED BY:	()		,	0 /				ONSET A	ND DEATH
4201	IMMEDIATE CAUSE (c		- Or ONO LY	-	Deler-0	1515			10	e-ck
400,1	DUE TO		/ /		, ,					
Conditions, if a	immediate		Myccard	10-1	dege	Vela	TICH		Y	ears
cause (o), stating	the under- DUE TO	-		0			1 .		11	
lying cause lost.	- '	1	eNILE (20	N91-ENOL	15/1	1001-07	1051		lays
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BE	TON TU	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PART	1(o) 19. W	AS AUTOPSY REORMED?
5 Psy			tal Deficiency							NO 🗆
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCUR	RED. (En	ter nature of injury in P	ort I or Par	t (I of item 18.)			
20c. TIME OF INJU	RY Month, Day, Ye	or 20d. I	NJURY OCCURRED 20e. I	PLACE C	OF INJURY (Home, farm,	20f. (City	or town)	IC	ounty)	(Stote)
20c. TIME OF INJU Hour o. m.	19	While at wo	Not while	factory,	street, office bldg., etc.)				,,	(4.5.4)
`				. 7	0 r'0 D	i	30 50			
			sed fram November							
alive an Dec	smoer 12	-, 19.	20, and that deal	th acc	urred at 30 A				e date s	
ACTUAL A	ma star	to	Willen	/			treet, city or town, s			DATE SIGNE
ACTUAL SIGNATURE	CILLINI	211	11000	M.D.	Springfie	Ld St	ate Hospi	tal		12/12/5
PHYSICIAN'S	and with a sect of the Th	. 1	35 T)		0.) 133	3.0	2			
NAME (Type) 1	onstantin W		M, D		Sykesvill					
20. BURIAL, CREMATIC	ON, 226. DATE THEREC	10.0	22c. NAME OF CEMETERY	OR CRE	MATORY A	22d. LOCAT	TION (City, town, or	county)	_(State)
DURIAL	12-15-	195	Tou Th	nic	olylemele	my 1	Sladen	slows	4)	nd.
3. FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS (1	4 . / /	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	TURE	
111.14.0	Harribers	Ca	King Th	10	MAY DAT DEC	7 '58	3 Cris	407 S 9	A	

may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should betached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 1 be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTORS 2 Should VS A15 (4) 15M 9/55

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DA CERTIFICATE OF DEATH MARKET WINDOWS BOLD OF THE C Build C E able C Trowns and the property of the proper

10 TO THE CERTIFICATE OF DEATH

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	25,60 65	ECENBER	0	STIAN	MALE
YES	STAR IX	AUN DA	NER - LANGE	Chuner FAR	FARMER
A HATE EICH	ELIZABET	MARY	SHILLING	EARSHT G	BILBER
13121114123VV	SHIETURE BE	RICHARD	1-28 5672	718	No
I S MOATH	11/16	0F 4	PRCINCIPA		

Paine D'WODLINGS 19 M. CHURCH ST WESTHINGTER DOLLS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13605 CERTIFICATE OF DEATH

Reg. Dist. No.

13595

1. PLACE OF DEATH o. COUNTY	ALABYI AND	2. USUAL RESIDENCE (Where o. STATE	h COUNTY		
Carroll	MARYLAND	Maryland		Montgome	W
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide carporate limits, write RI	JRAL and give ne	arest town)
Sykesville	lvr. 8mo. 11dav	R Chevy Chase	15	5X-2	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Springfield State Hospi	tal	5300 Sarato	ga Ave.		YES NO
3. NAME OF First DECEASED	Middle	Lost 4.	OF Mani	th Do	
(Type or print) Ruth	Elizabet	h Shoemaker	DEATH Decem	ber 3	19 58
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		IF UNDER 24 HRS.
Female White WIDOW	ED DIVORCED	12/12/93	64 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS, OR INDU	STRY 11. BIRTHPLACE (State or	fareign country)	12. CITIZEN C	OF WHAT COUNTRY?
during most of working life, even if retired) Government Work	11.5 24001	Maryland		U.S.	Δ .
13. FATHER'S NAME	1 - 7 - 7	14. MOTHER'S MAIDEN NAM	AE .	0.0.	47. 6
174 3 7 4 am Channalian		Canah Danner			
William Shoomaker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	Sarah Perry	Addr	ess	
(Yes, no, or unknown) (If yes, give wor or dates of service)					
		Springfield Ho	abirat recore		
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:				INT	ERVAL BETWEEN SET AND DEATH
IMMEDIATE CAUSE (o) AT	teriosclerotic	cardiovascula	r disease	У	rears
DUE TO					
Conditions, if ony, which) (b)					
gove rise to immediate cause (a), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C.B.S. assoc. with circ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIRCLE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	mletory distur	honce with new	chotic reacti	on	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DES		D. (Enter nature of injury in Part		.011.	to a no g
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	206 (City or Laws)	15	/CA-A-A
Hour a.m. While	Not while for	ctory, street, office bldg., etc.)	zor. (City of Town)	(County)	(Stote)
	k of work	1	7-		
21. I certify that I attended the deceas		, 19 57, to 12,			aw the deceased
alive on 12/2	58_, and that death	accurred at 5:158	M, fram the causes a	nd on the da	ite stated above
51 1	-		DRESS (Street, city ar town,		DATE SIGNED
SIGNATURE Lakemed Vie	Haeren	M.o. Springfield	d State Hospi	tel 12	/3/58
			n-marrin-serring	-z.e.s	-1-41-4
PHYSICIAN'S NAME (Type) Edmund Lusthaus	M.D.	Sykesville	Maryland		
220. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O		d. LOCATION (City, town, a	r county)	/ (Stote)
Bush (Specify) 12-6-58	Tistekallo	Marian	Kocken 10	- Mus	1
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D B	Y REGISTRAR 245. REGIS	TRAR'S SIGNATU	RE
Sulles Of	6 X Market	WELL CHARLEDEC		Chur & Flisa	
- were the flore	Le Challen	Mr. C. Laure Dec	0 30 COM	D. I Cal	A/A

VS A1S (4) 1SM 9/5S

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		PRIMA SPECIFICATIONS	
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	, add a dollar	* - 4 - 4	

FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be feet and ded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bod File Health, or its designated agent, priar to burial, cremation, ar removal, and in any execut within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13597

12000	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	
TAPAS	MEDICAL	EXAMINER 3	CERTIFICATE	OI DEAIL	

Reg. Dist. No

Т.	1, P	LACE OF DEATH	Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE Maryland b. COUNTY free	Len'c R
)	b	Sand gray secret for		sural c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)
5	5	Mame of Hosp	eld State	not in hospital, give street oddress) Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED (Type or print)	Harry First	Charles	Smith 4. DATE OF DEATH DEC.	25 1958
	5. S	Mole	1 2 2 2 50	MARRIED NEVER MARRIED	t m / m / m [atl hyrthday]	Days Hours Min.
	100.	USUAL OCCUPAT lyring most of work	ing life, even if retired)	one 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CIT)	WIS, A
1	13.	Elater Clarer	ue Sin	-ith	14. MOTHER'S MAIDEN NAME Mellie Megoret 7	Poole
	15. Yes,	Yes (1942-194	6	Hospitel rectords	
	1		ATH [Enter only one cause ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	Bila wal lo	bular pueumouria	INTERVAL BETWEEN ONSET AND DEATH 3 4 Clarge
		Conditions, if gove rise to imm (o), stoting the couse lost.	ony, which (b) ediote cause DUE TO (c)			
2	CATION	Acute	DC	itions contributing to DEATH BUT	R Alcohol Jutorijo For	PERFORMED?
	CERTIFI	20d. EXTERNAL C. PRIMARY Or CO CAUSE OF DEATH	ONTRIBUTING [DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJ Hour o. m p. m			ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (Cou	nty) (Stote)
				of the remains described ob atural causes Accident		
		ACTUAL SIGNATURE	James I	March	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
2		EXAMINER'S NAME (Type)			ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	1/25/58
	220	BURIAL CREMAT REMOVAL (Special	10N, 22b. DATE THEREOF	58 Bethe	1 hantz#1	Wd.
	23.	Walt	or's signature	ve ulaynest	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	

I BE OF MEDICAL EXAMINER'S CHETICICALE OF DEATH 100000 · 100000 · 100000 · 10 The second secon The state of the s

ADDRESS

13596

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(Stote)

12. CITIZEN, OF WHAT COUNTRY?

Day

Days

(County)

24b. REGISTRAR'S SIGNATURE

Circhan S. Thous

24a. REC'D BY REGISTRAR

ON A FARM?

YES NO

Min.

poge 0 VS A15 (4) 15M 10/57

23 FUNDRAL DIRECTOR'S SIGNATURE

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PERMIT	

TOTAL MERICAL EXAMINER'S CERTIFICATE OF DEATH The state of the s I CHEST THE CASE OF THE PERSON OF THE PARTY OF THE PARTY OF and the product of the following probability of the probability of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Prisider s	Almolt Malbin Martin		
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VS A15 (4) 15M 9/55

	136	08	CERTI	IFICA	ATE OF DE	ATH		Reg. Di	st. No.	T.X.	740
1. PLACE OF DEATH a. COUNTY	da Car	roll	MARY	YLAND	a. STATE	NCE (Where decease aryland	ed lived. If instituti b. COUNTY		ce before		iion)
b. CITY OR TOWN (If RURAL and give ne Sykesville	arest lawn)	its, write	11yrs.10m			WN (If outside corp altimore	orate limits, write R	URAL and s		est tawn	1)
d. NAME OF HOSPIT, OR INSTITUTION Springile.	AL (If not in hospital, Id State H	ospit	oddress) al		d. STREET ADD	RESS 11 S.Broa	dway		e	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Kel	ly	Middle		oeoff	4. DATE OF DEATE	Decemi		30 _y	,	Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	No ser	IED NEVER MARRI		B. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 69 yrs.	IF UNDER Manths	1 YEAR I	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of working Shipyard	ing life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUS	STRY 11. BIRTHPLAC		country)	12. CIT	Tur!		COUNTRY
13. FATHER'S NAME Unknown					14. MOTHER'S MA						
15. WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY NO		nformant pringfiel	d Hospita	Add Records				
Canditions, if an gave rise to in cause (a), staling t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which a mediate	., C	e for (o), (b), and (c). hronic lym		ic leukem	ia			INTER	RVAL BE T AND	TWEEN DEATH
Syphilit:	ic meningo	-ence	phalitis.	06	25X			'EN IN PAR		PERFO	AUTOPSY PRMED? NO 29
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o. m.		or 20d. IN While at wark	NJURY OCCURRED Not while	20e. PLA	ACE OF INJURY (Har clary, street, affice bl	ne, farm, 20f. (Cildg., etc.)	ty ar tawn)	(C	Caunty)		(State)
actual signature	nt I attended the mber 29,	., 195 lel	Camp	death	accurred at 1	:30A M, fro	Street, city or town,	and on th	ast sav	e state	decease ed abave ATE SIGNE 80/58
220. BURIAL, CREMATION REMOVAL (Specify)		OF Let 1	220 HAME OF CEM			22d. LOC/	ATION (City, town,	,,		(State	e)
23. FUNERAL DIRECTOR	SIGNATURE OF		OADORESS		7, 24	la. REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIC			

MARYLANDS INTERESTABLIMENT OF HEALTH-BALTIMORE, 10 uma Tibeda 2 Televis The same of the same Earth coll -Sat Old and La Carte Cart RELIGIOUS REPORT OF THE PROPERTY OF THE PARTY OF THE PART PERMITTANDE PRINTERS tera of example) play Coll. Co. Million Coll. and Coll. and Coll. and Coll. The Coll. and Coll. The Arrest of the Physics I MANY THE TAX TO SELECT

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	, 18

13609 CERTIFICATE OF DEATH

13600

		U J			Keg. Dist	, 140.	
1. PLACE OF DEATH o. COUNTY Ca:	rroll	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		OLINITY -	before odmission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville Lyr.6mos.2ldd			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow				
d. NAME OF HOSPIT OR INSTITUTION Springfi	FAL (If not in hospitol, give eld State Hos	street oddress) spital	d. STREET ADDRESS 2041 E	llsworth St.		IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO NO	
3. NAME OF DECEASED (Type or print)	Edward	Joseph St	resewski.	4. DATE OF DEATH DEC	Month cember	Doy Yeor 18, 19 58	
s. sex Male		MARRIED NEVER MARRIED I	B. DATE OF BIRTH February 9,	1879 9. AGE (In lost birt	years IF UNDER 1 hday) Months D	YEAR IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION during most of work Plumbing	ON (Give kind of work done king life, even if retired) Helper	e 10b. KIND OF BUSINESS OR IND	Maryland			EN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN	NAME Known			
1S. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	27 16. SOCIAL SECURITY NO. 17.	INFORMANT Springfie:	ld Hospital	Address Records		
PART 1. DEA 2040 Conditions, if a gove rise to i couse (o), stoting lying couse lost.	NTH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny. which mmediate the under- (c) (c)	per line for (a), (b), and (c).] Lymphocytic leul ONS CONTRIBUTING TO DEATH BU		ainal disease conditi	ON GIVEN IN PART	INTERVAL BETWEEN ONSET AND DEATH YEARS I(a) 19. WAS AUTOPSY	
200. ACCIDENT WA		ONS CONTRIBUTING TO DEATH BUENTS OF THE PROPERTY OF THE PROPER				PERFORMED? YES NO	
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED 20e. P While Not while of work	PLACE OF INJURY (Home, fore octory, street, office bldg., et	m. 20f. (City or town)	(Co	ounty) (Stote)	
actual		esthan	_ M.U	ecember 18, 1 2PM, from the con ADDRESS (Street, city or eld State He le, Maryland	uses and an the r town, stote) Ospital	ast saw the deceased e date stated above. DATE SIGNED 12/19/56	
220 BURIAL, CREMATIO REMOVAL (Specify)	DN, 226. DATE THEREOF	8 20c. NAME OF CEMETERY of Morelan	0 1- 6	22d. LOCATION (City.	town or county)	no (S)(Ge)	
23 FUNERAL DIRECTOR	S SIGNATURE LUCK	5305 Han	1	C'D BY REGISTRAR 24E	Calling S.	MATURE	

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13601

	1	3010	CERTI	IFICA	ATE OF DEAT	П		Reg. Dis	t. No.		
o. COUNTY	Carroll	County	MARY	LAND	2. USUAL RESIDENCE (Woo. STATE Maryl		ed lived. If instituti b. COUNTY	on: Residenc	e before	odmission	n)
b, CITY OR TOWN RURAL ond give of Sykesv	(If outside corporate nearest town)		c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (IF Baltimore	outside corp		URAL and g		st town)	٧
d. NAME OF HOSPI OR INSTITUTION	Grandviev				d. STREET ADDRESS	cy Ros	ad #29			IS RESID ON A F.	ARM?
NAME OF DECEASED		First	Middle		Lost	4. DATE OF	Mon		Day	Ye	4 -
(Type or print)	Hannah	Ε.	Thiel			DEATH	Dec		18		58
SEX	6. COLOR OR RA	***************************************	IED NEVER MARRI	_	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months		OUTS	Z4 HRS
Female	White	WIDOWE		_	May 25, 187		86 yrs.				
auring most of wo	ION (Give kind of we rking life, even if ret	ork done 10b. ired)	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign	country)		S.A.	WHAT C	OUNT
Housewife FATHER'S NAME					14. MOTHER'S MAIDEN	NIAME					-
	and die										
Dismas Sch					Fannie Roe	sche					
es, no. or unknown)	(If yes, give war or date		SOCIAL SECURITY NO		NFORMANT		Add				
No			None	Mr	s. Hildegard	e Arno	1d-3504 1	armon	Aver	aue	
			e for (o), (b), ond (c).]					INTERV	AL BETY	VEEN
PART I. DE	ATH WAS CAUSED E	3Y: E (o)	PARALYSIS	AGI	TANS					yrs	EAIH
350×	DUE										
Conditions, if	ony, which)	de s							100		
gove rise to	immediate ((b)									
lying cause last.	The Under-	(c)									
			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	FN IN PART	1(0) 19.	WAS AU	TOPSY
										PERFORA	VED3
PART II. OT	AS LINDERLYING T	20h DESC	PIRE HOW INTURY O	CCUPPE	D. (Enter nature of injury in	Port Lor Po	et II of item 18.1			c3 🗍 (NO L
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEA Y MEDICAL EXAMINE	TH TOS. BES	KIDE HOTT HAJOKI O	CCORRE	2. (Emer Balore of Injory II	1101110110	ii ii oi iiem ib.,				
				lan au		Jane in					
20c. TIME OF INJU Hour a.m. p. m.		While	JURY OCCURRED Not white		ICE OF INJURY (Home, far story, street, office bldg., et		ly or lown)	(C	ounty)		(Stote
p. m.			at work					25,0			
21. I certify t	hat Lattended	the decease	ed from 5.15	.56	, 19, to	12.18.	58 19	that I I	ast saw	the d	ecen
alive on 12	18.58	10	and that	death	accurred at 8 P						
dillo ongazio		,	, and man	acam	accorred at		Street, city or town,		e dale		E SIGN
ACTUAL	11	100									
SIGNATURE	Man	AM			M.D	WLDeri	y Road at	Elde	rsbin	eg_L	2/1
PHYSICIAN'S NAME (Type)	Wm. H. La	wson,	Jr., M.D.			Sykesv	ille P.O.	, Mar	yland	1	
O. BURIAL, CREMATIC	ON, 226. DATE THE	REOF	22c. NAME OF CEM	ETERY O	R CREMATORY	22d. LOC/	ATION (City, town,	or county)		(Stote)	
Burial (Specify	1 12/22/		Loudon P				timore, M		nd		
FUNERAL DIRECTO		1. P	ADDRESS				TRAR 24b. REGI				
1m.2,1	ropale	1-55	7/2-17	2	d. DATES		52958 11.	11/11/11		wo.	
//		- Ja	16 / //	1/1	CA DAIR	1 1 1 to la	The state of the s	0		~	1

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 **D FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the page 3 should it and the decrease of the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. may be retained by the hospital or attending physician. TO HOSPITAL OR VS A1S (4) 15M 9/SS

funeral director, d be filed with

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buriol, cremation, or remayal, and in any event within 72 hours after death

			Kog. Dist.	110.
1. PLACE OF DEATH o. COUNTY Dattall	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	ved. If institution: Residence b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IT outside corporate	Timits, write RURAL and giv	re nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et oddress)	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CAYISTING	Middle V	VILSON 4. DATE OF DEATH	Dell. 2	Day Yeor 19-5
The Wildow	RRIED NEVER MARRIED DIVORCED	Sept. 2, 1883	lost birthdoy) Months D	YEAR IF UNDER 24 HRS lays Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10i during most of working life even if retired)	HAMLE	Md.	(y) 12. CITIZ	S.A.
13. FATHER'S NAME Magin		14. MOTHER'S MAIDEN NAME	_	
15. WAS DECEASED EVER IN U. S. ARMED PORCES? [Yes, no, or unknown] (If yes, give wor or digits of service)	6. SOCIAL SECURITY NO. 17.	o Olyde Wilson .	Address	elle my
18. CAUSE OF DEATH [Enter only one cause per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).] CEREBRAL HEMOR	RHAGE		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b)	HYPERTENSIVE (CARDIOVASCULAR DISEAS	Œ	10 years
gove rise to immediate couse (o), stoting the under lying cause lost.	DIABETES MELLI			15 years
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Part II	of item 18.)	
Hour o. m. Whi		ACE OF INJURY IHome, form, ctary, street, affice bldg., etc.)	town) (Con	unty) (State)
21. I certify that I attended the decedative an 25 December 19		accurred at 12:02AM, from t	he causes and an the	st saw the decease date stated above
ACTUAL SIGNATURE SALVA	m ,	M.D. Liberty Road		
PHYSICIAN'S Wm. H. Lawson		Sykesville, M		
220. BURIAL, CREMATION, REMOVAL (Specify) 12-29-58	20c. NAME OF CEMETERY OF	Menerial Farles A	N (City, town, or county)	rull be me
23. FUNERAL DIRECTOR'S SIGNATURE	At Huken	DATE AN 5 159	20	NATURE

The State of the last of the l must be the second parties of the parties of the parties have been appointed by the parties of t THE PARTY OF THE P 0 0 0 0

BY BEIGHT AS - HILLISH BO THEM TRATED IN ATA OMALITY ON

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Carroll Carroll MARYLAND Marvland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural -- Westminster rural--Westminster d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle Lost 4. DATE Month Day Year DECEASED OF DEATH 1058 DEC. (Type or print) PAIIT M. ZILE 6. COLOR OR RACE 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours WIDOWED | DIVORCED [3-15-1903 male yrs. 10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? farming Maryland laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William D. Zile E. Lovell Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Mr. F. A. Zile. Glencoe. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), slating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. n. factory, street, office bldg., etc.) While Not while 19 at work at work p. m. 21. I certify that I attended the deceased from PL 10, 19 5 8 that I last saw the deceased and that death occurred at 10,15 f. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S nenko NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Co., Maryland Carroll 058 James 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Winfield, DAREC 1 5 '58 Waltz. Outhur S. Through



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18